MENTAL HYGIENE

VOL. IX JULY, 1925 No. 3

SOME IMPLICATIONS OF THE LEOPOLD-LOEB HEARING IN MITIGATION*

S. SHELDON GLUECK, PH.D., LL.M.

Instructor, Department of Social Ethics, Harvard University

NO discussion of the Leopold-Loeb hearing in mitigation presents so acute an analysis of some phases of that case as appeared in a recent editorial in the *Journal of Abnormal and Social Psychology.*[1] With much that the writer of that editorial lays bare in his analysis of certain of the psychological and medico-legal phases of that *cause célèbre* we must be in accord. His exposition of the weakness of the modern expert-testimony system, with its opportunities for conscious or unconscious bias and its contentiousness, while not novel, must at least be regarded as of importance. However, his castigation of the legal profession,[2] one is bound to say, is on the whole unwarranted and impresses us as of the *genre* of Moore's familiar plaint:

> Since *sway of lawyers* first began,
> Man has forgot to feel for man;
> The pulse of social life is dead,
> And all its finer feelings fled.

For lawyers are coöperating, and eagerly so, with the medical profession. One has only to mention such names as Dean

* An address delivered by invitation at the annual dinner of the American Orthopsychiatric Association, New York City, May 9, 1925.

[1] Vol. 19, pp. 223-29, October-December, 1924. This editorial, *The Crime and Trial of Leopold and Loeb,* is reprinted in full in the Notes and Comments section of this number of MENTAL HYGIENE, pp. 654-60.

[2] "The fault lies at the door of the legal profession, which has been as obdurate to any reform as are the Irreconcilables of the United States Senate to the League of Nations."—*The Crime and Trial of Loeb and Leopold.* See note 1 above.

Roscoe Pound, Justice Oliver Wendell Holmes, and Judge Cardozo as evidence that the leaders of the bench and bar are as earnestly desirous of remedying existing weaknesses in the administration of criminal justice as are the most progressive of psychiatrists. None can blame them for insisting that scientific investigation and study must precede radical revisions of the structure of the law. For while the law must grow with the progress of science and civilization in general, it is also necessary that it be stable; the very term law implies such a necessity. And the development of a philosophy and a technique that will provide a healthy principle of growth in the law and at the same time maintain a necessary stability and predictability is one of the chief tasks of jurisprudence and practical law reform. It is the common meeting ground of legal philosophers and practical workers. An adequate discussion of this problem would require a book in itself. Here we wish merely to reiterate that issues are clouded as long as leaders in the two professions indulge in the relatively infantile occupation of hurling fierce adjectives at each other, instead of recognizing the limitations of the two professions and trying to reform the socio-penal procedure within those limitations. This much must be said, however—that some means must soon be devised to enable society to study its legal and penal machinery continuously instead of sporadically, dispassionately instead of hectically, and with reference to the usual run of cases, instead of with reference to the Guiteau case, the Thaw case, the Leopold-Loeb hearing, and similar gold mines of journalistic enterprise. Not while passions are inflamed and counsel darkened should the work of the study and revision of law and procedure be carried on, but calmly, scientifically, and steadily. These generalities must suffice for the present.

The remainder of this paper will be confined largely to two or three interesting points in the domains of psychological theory and psychiatric testimony that are raised by the author of the editorial in the *Journal of Abnormal and Social Psychology*. At the outset we must take issue with his severe criticism of a feature of the consolidated report of the defense experts in the Leopold-Loeb hearing in mitigation. This may best be summarized in his own words: "The terms

'abnormal' and 'pathological' are sprinkled all through the reports in describing the findings of fact, when the question of abnormality was the very question at issue, thus begging the issue." This grave charge is of the utmost significance for the testimony of alienists in future cases, and it therefore requires careful examination.

Two points must constitute the basis of an attempt to refute this serious criticism: (1) an analysis of the function of the alienist in modern criminal procedure and a consideration of the technique at his command to-day; (2) an analysis of some of the more important statements to be found in the joint report of the defense alienists.

1. Taking up the first point, let us for a moment consider the function of the expert who is called upon to testify, leaving out of account the hypothetical question as, in the final analysis, not being of much significance for our present purpose, since the experts, witnesses, counsel, and every one concerned know full well that the "hypothetical monstrosity" is none other than the defendant at bar. It is true that in theory the expert must first present the facts as he finds them, based, ideally, not only upon a study of the accused's mental condition at the time of the examination (from which his condition at the time of the offense may be deduced), but also upon an investigation of the defendant's heredity, his early-childhood and developmental history, and the like. But it is equally true that the expert's opinion must inevitably also be based upon an interpretation of those facts in the light of the expert's entire training and experience. Now even in general medicine not all diseases present a clear-cut symptom picture; not all cases that the general practitioner is called in to diagnose are "textbook" cases. The diagnostician must take account of averages. In questionable cases it is the man of experience and superior judgment who is called into consultation. Much more true is it in the "border-line" psychiatric cases that, at least up to the present, no clean-cut "norms" of the functioning of the various modes of mental life have been completely developed or can as yet be wholly relied upon. The psychiatrist considering the individual case must in part rely upon that more or less unconscious statistical process that has been going on throughout his experience

in observing, diagnosing, and treating many cases. In brief, in these contested, border-line conditions, individual experience and mature judgment are the principal instruments available *at present* to a legally ordered society in the administration of its criminal law.[1] Whether, if this be so, the law ought to provide for hearings in mitigation such as the Leopold-Loeb hearing is another question not strictly pertinent to the point we are discussing; it is a problem in socio-legislative policy.

In this connection, it should be pointed out that the Leopold-Loeb situation was a hearing in mitigation of punishment, not a trial—a fact that the author of the editorial we are discussing overlooks. The facts were admitted, as was also, theoretically, the guilt, in the legal sense of *"mens rea"*. There remained but the privilege of appealing to the mercy of the court, which has the discretion in such cases of inflicting the death penalty or sentencing the convicts to prison for a term of years or for life. The information placed before the court as a basis for the intelligent exercise of its discretion had, then, to be furnished by men who, by reason of learning and experience in the fields of psychiatry and clinical psychology, were deemed especially qualified to enlighten the court. If the proceedings had constituted a trial, the jury would have been the final arbiter as, in the last analysis, they always are in such cases, regardless of the opinions of opposing alienists and of the technical "tests" of irresponsibility. In such event we would have been called upon to reopen here the old and vexed question as to whether the employment of a jury in such cases is justifiable. But here we are dealing with an instrumentality designed to aid the court in arriving at a rational basis for the exercise of its discretion.

It is of course greatly to be regretted that the experts of the defense and of the prosecution were not permitted, as they desired, to consult together, to receive the benefit of one another's views and to eliminate even the appearance of bias. But as the prosecutor was unwilling to accede to such a novel

[1] The law seeks to achieve the objectifying of testimony by means of the hypothetical question, but, as was said above, everybody concerned with a case, including primarily the expert to whom the hypothetical question is put, knows that it refers to the defendant at bar.

proposal, the only thing that could be done was done—namely, the experts gave their *opinions*, based not only upon the facts found in the particular case at bar, but upon their mature experience with many other cases of juvenile and adult offenders and with the mentally disordered. Only by an impossible feat of psychological legerdemain could they have left out of account their long experience, their observations of numerous types similar to Leopold and Loeb. Moreover, their professional value as experts would have been greatly minimized had they been men of but limited experience, unable to see the cases before them in the light of much dealing with similar individuals.

But, it may be protested, if this be so, then these experts were merely giving their own judgments in the matter, and were little concerned with what the facts showed. That the experts for the defense did take the facts into full account in arriving at their judgment as to the abnormality of the young offenders will, it is hoped, be demonstrated below by extracts from their reports.[1] Certain it is that their judgment, based upon the thorough psychological, psychiatric, neurological, and endocrinological study to which they subjected the defendants, should rightly have been given much more weight than the comparatively superficial examination made by the prosecution's experts. Indeed, as the writer of the editorial in the *Journal of Abnormal and Social Psychology* acutely points out, the experts for the defense represented the dynamic school of psychiatry; they made "a genetic study of the inner life of Loeb and Leopold", whereas "the state's experts represented an antiquated psychiatry and psychology". For these reasons we cannot agree with the editorial writer's conclusions "that the experts for the defense did not prove their case—requiring the Scotch verdict of 'not proven' ". They established at least a *prima facie* case of mental abnormality in the sense described below; and this *prima facie* case was not shaken by the experts for the prosecution for the reason that, since the methods and analyses of the latter were far less thorough than those of

[1] For these reports see "The Loeb-Leopold Case". *Journal of the American Institute of Criminal Law and Criminology*, Vol. 15, November, 1924. pp. 360–79.

the defense experts, their evidence should not have been given nearly as much weight as that of the defense experts.

2. With the above observations in mind, let us now consider the bases of the charge that in using the terms "abnormal" and "pathological" in their report, the defense experts were guilty of a gross *petitio principii*. We can, of course, go only superficially into the long and detailed reports of the defense experts; but we cite some extracts from their joint report to indicate that the editorial writer's stricture on this score is not warranted.

"The challenging fact in the personality of this boy [Loeb]", reads the defense experts' joint report, ". . . lies in his most remarkable unscrupulousness, untruthfulness, unfairness, ingratitude, disloyalty, and in his total lack of human feeling and sympathy with respect to the deed to which he has, with his companion, pleaded guilty."[1] Now these judgments upon Loeb's make-up were not constructed out of thin air or whole cloth. The experts are men of mature experience and high professional standing; they examined the entire life history of Loeb microscopically. They had the authenticated reports of social investigators; they spoke with friends and enemies of the youth, his family, his teachers, and others; they read and analyzed his correspondence. Their judgment was, moreover, reënforced by a careful study of Loeb's attitude throughout the trial. Commenting further upon Loeb's character, the experts say: "His characteristics assume a particularly abnormal nature when one views them in the light of the kind of home and social setting that he came from. The Loeb home has been noted for its high standards of virtue and culture and [as] a place where the task of bringing up children was viewed with unusual seriousness."[2] It is submitted that the use of the term "abnormal" is justified when based upon such evidence. As the experts state, "It is, therefore, clearly indicative of some abnormal tendencies in this boy himself that he should have developed the above characteristics and that he should have felt from early childhood estranged and not wanted in his home, so that at one time he told his mother that he was thinking of running away, and

[1] *Ibid.*, p. 372.
[2] *Ibid.*

that he should have missed during his developmental period the feeling that he could find some one who could understand him and to whom he could reveal his inner mental life."[1]

Why did the experts designate the phantasy life of Leopold and Loeb as abnormal? Not, as we see it, because most young men and children do not at all engage in the weaving of phantasies, but because of the nature of the daydreams indulged in by the defendants and because Leopold, for example, spent "a considerable part of the time each day in the weaving of phantasies. These daydreams, which have persisted continuously and with great vividness up to the present, have been indulged in to a tremendous extent and variety, forming for years a sort of serial story with many variations."[2] Moreover, the defense experts did not emphasize the *fact* of phantasy life nearly as much as they did the psychological significance of the type and extent of daydreaming indulged in. "The psychological significance", reads their joint report, "of the persistent intrusion of this kind of abnormal imaginative life into the daily existence of a child, and particularly into the life of an adolescent, is very great, since it has the power of eventually leading to the confusion of reality with unreality—as was the case here."[3] Moreover, they point out that "even as early as at twelve years there was outcropping of phantasy life in the world of reality—he [Leopold] began to identify actual persons with the characters in his imaginings. There began then a confusion of the real with the unreal which has come to play an increasing and most important part in his daily intercourse with others."[4] They then cite examples of this over a long period of time, and conclude: "In contrast to the imaginative life of normal childhood, which is always in touch more or less with the realities surrounding child life, Leopold's phantasies were from the beginning out of accord with the usual demands of social life, and never seem to have undergone the natural fate

[1] *Ibid.*
[2] *Ibid.*, p. 366.
[3] *Ibid.*
[4] *Ibid.*, p. 367.

of phantasy life in being increasingly matched or assimilated into the facts of reality."[1]

At one place the experts compare the phantasy life of the normal individual with that of Leopold, further indicating the justification of the term "abnormal". For example, they say: "One of the earliest of Leopold's waking dreams was related to his peculiar religious interests; he persistently visualized the crucifixion—the idea of somebody suffering, or, as he states it now, the idea of some one being nailed down to something, had an abnormal appeal for him. And it is most important to note that in his later phantasies he very frequently indeed played the rôle of the one who suffered."[2] In describing the "king-slave" phantasies, the experts assert that "the above is but a slight sketch of this realm of Leopold's mental life where abnormal thoughts and phantasies held sway. Very many details and variations of the above topics have been given to us."[3]

The phantasying of the pleasure to be derived from subjection to peculiar punishments, instead of the normal revulsion which such phantasying should produce in a child, is even more marked in the case of Loeb. For example, the report states that at the age of ten "he very strangely pictured himself frequently as being a prisoner in a jail yard. He would imagine himself stripped of clothing, shoved around and being whipped. This 'picturization', as he calls it, was worked out with great detail. There were other people in the yard, he was ashamed of seeing the others and particularly the women naked or partly clothed, he made a burrow in the earth where he felt warm and comfortable, people looked at him through a fence that separated the yard from the street; at first it was only people in general and then it was young girls who looked at him with wonder because he was a criminal and they sympathized with him. There was a great feeling of self-pity in this, but no feeling of fear. 'I was abused, but it was a very pleasant thought; the punishment inflicted on me in jail was pleasant; I enjoyed being looked at through

[1] *Ibid.*, p. 366.
[2] *Ibid.*
[3] *Ibid.*, p. 367.

the bars, because I was a famous criminal.' "[1] The experts give other examples of the elaboration and validity of Loeb's phantasy life. For example, it is pointed out that this youth, reared in the lap of luxury, said *spontaneously* when he entered the jail: "It's sort of all right, it seems, to be in jail. It seems to be a sort of confirmation of my early picturization. I had a very pleasant sort of feeling in the jail outfit when I first came in; this self-pity entered into it, but I was a little glad of the jail clothes, of being in jail. I was glad to have a ragged coat. When they offered me a better one, I refused it. The one they gave me was torn up the sleeve. I was living out being subjected to worse conditions than the other prisoners. I feel comfortable here. I am living it out—what I used to picture as a child."[2] This spontaneous reaction to the situation in which he found himself indicates the genuineness of his early phantasy life, and confirms the validity of the application of the term "abnormal" to that mental development.

If it be alleged that the experts were deceived as to the extent and significance of the phantasy life of the two malefactors, the following extract, from among others, is cited: "We are impressed with the validity of his [Leopold's] recital of this phase of his mental life because it is so explicitly similar in type to the phantasy life of which we are accustomed to learn during our studies of patients who have various sorts of psychoses (mental disorders). All of it came to the surface spontaneously in the original examination and then has been told to the different physicians with a free elaboration which is so characteristic in some forms of abnormal mental life."[3] Moreover, there were confirmations of the existence of the phantasy life even in early childhood.

In discussing the carrying over into daily life of Leopold's elaborate and systematized phantasies, the experts again use the term abnormal, as follows: "The abnormal and puerile unreality of Leopold's mental life is exhibited in the fact that he frequently told others that his companion was the superman, and often tried to convince Loeb himself that his mental

[1] *Ibid.*, p. 373.
[2] *Ibid.*, p. 375.
[3] *Ibid.*, p. 367.

powers were far above his own—knowing all the time that Loeb was thoroughly untruthful in boasting of his good marks in college, and that he was much inferior intellectually to Leopold himself. We can see how the ready acceptance of Loeb's suggestions with respect to their joint criminal activity fitted in perfectly with Leopold's phantasying for years himself in the rôle of a slave, first to a phantasy king and then transferring his allegiance to his idealized kinglike companion."[1]

From the foregoing extracts from the report it will be seen that the characterization "abnormal", as applied to the phantasy life of Leopold and Loeb, was based upon the following data, among others: (1) The nature of the phantasies themselves, since early childhood, consisting of topics with which the normal child is not even acquainted—to say nothing of taking delight in them—such as imagining oneself the subject of crucifixion and deriving pleasure from the thought. "Thus the normal child identifies himself with the persons in his immediate environment, he daydreams of being a motorman, an engineer, a policeman, showing thereby in his desires a normal response to the influences which surround him. These responses lead to the evolution of ideals and interests of a social quality which accords with the social status of the individual. Of peculiar significance in this case is the extent to which the ideals of the boy Leopold deviated from what might have been expected of him in his social setting."[2] (2) The elaborate extent and long persistence of the phantasy life. (3) The carrying over of the phantasies into reality.

But the employment of the concept "abnormal" was not confined in the experts' report to their analysis of the phantasy life alone of Leopold and Loeb. Throughout the report evidences are given of the development in Leopold from early childhood of an inconsistent admixture of inferiority and superiority strivings. This mental condition may again be regarded by some as quite common, but its extent and nature in the case of Leopold justify the designation "abnormal". The experts state: "The pathological admixture of inferiority and superiority concepts and strivings, not only in his abnormal imaginations, but also in his behavior reactions to

[1] *Ibid.*, 368.
[2] *Ibid.*, p. 366.

real life, is a matter of great practical as well as professional interest in this case. It reflects, on the one hand, the profound disorder of judgment which permits such contradictory ideas and impulses to live side by side, and it indicates a tremendous and altogether abnormal rift between Leopold's intellectual precocity and the emotional immaturity which made possible the ready acceptance by him of either rôle. The strange admixture demonstrates that no normally integrated or consistent personality was ever evolved in Leopold's mental life."[1] It must be remembered that the above judgment was based not only upon the mental and behavior history of Leopold long before he even contemplated the homicide, but upon his emotional life as analyzed and interpreted by the examiners: "All through the various examinations by each of us, Leopold spoke with the utmost indifference and lack of emotional display concerning the details of the Franks crime, freely acknowledging that he had not the slightest remorse or what might be considered anything like an appropriate emotional reaction. The same absence of feeling characterizes his adjustment to his confinement in jail, under conditions so utterly different to what he has been accustomed to, and particularly as a prisoner awaiting sentence."[2]

The experts minutely analyze the psychogenesis of Leopold's egocentricity; and a close study of such analysis must again convince one that the term "pathological", as well as "abnormal", fairly characterizes his personality. Early in life he placed his mother upon a parity with the Madonna and showed interest in matters about which, as was indicated above, a young child normally does not even inquire. Events in his life made him early believe in his own great superiority and difference from other children, and these attitudes resulted later in the transferring of "his own abnormal egotistical standpoint to his own immediate family life and—what is more significant psychologically—to his own origin".[3] Facts are of course given to substantiate these impressions.

The experts again use the term "abnormal" in discussing another feature of Leopold's personality make-up. This

[1] *Ibid.*, p. 368.
[2] *Ibid.*, p. 365.
[3] *Ibid.*, p. 362.

feature is one that, according to them, "students of abnormal psychology all recognize as belonging to the same picture—namely, that of the paranoic personality", and "is concerned with the abnormal and intense energy which he has for many years displayed". Now this is not a snap judgment. It is based upon careful study of Leopold during his psychological examinations, upon frequent contacts with him over a long period, upon the judgment and statements of persons who had come in contact with him over many years and under varying circumstances. "His relatives and friends speak of his restlessness and excessive mental energy, and we have various records of his great mental output." The experts again resort to the term "abnormal" in discussing Leopold's susceptibility to fatigue, as follows: "He has not been subject to the normal limitations of ordinary fatigue. There is much that bears upon this point. When interested in the study of birds, he would remain up all night in preparation for his early morning observations. He was continually reaching out for new subjects to study, and a list of what he has undertaken is really formidable. In the same way he continually sought new life experience, new ideas, new sensations." While it is generally conceded that the somewhat mysterious element of "interest" is an important factor in the elimination of fatigue, such an influence is but temporary. With Leopold, however, it was a persistent outpouring of mental energy: "His tense physical and mental attitude has been continued over many years and was noted by us throughout our examinations. In all this he presents what is known as the manic drive of the paranoic personality."[1]

Discussing the emotional life of Loeb, the experts use the terms "pathological" and "abnormal" as follows:

"Another outstanding fact in explanation of Loeb's abnormal career is the extraordinary moral callousness which has been growing upon him. He has become incapable of viewing his criminal acts with any natural feeling. Nothing, perhaps, emphasizes this point any more than the fact that it was possible for him to contemplate the kidnaping of members of his own family, particularly his younger brother, of

[1] Ibid., pp. 363–64.

whom he professes to have been fondest. This pathological moral obtuseness which all recognize who have been in contact with Loeb—especially when placed side by side with his intelligence and school achievement—points to a disordered condition of his personality and mental life, a type of condition not uncommonly encountered among the obviously insane. . . . His notoriously unfeeling behavior in connection with his immediate situation, as a person about to be tried for murder, is ample illustration of the depths of his emotional displacement or defect. The absence, all along, of normal remorse, revulsion, disgust, depression, fear, or even apprehension, in any way concerning the planning, discussing, and carrying out of the gruesome details of the kidnaping and murder, or in considering the outcome, also sharply emphasizes the thoroughly disordered character of his mental life."[1] It is submitted that in the light of the facts adduced and observations made by the psychiatrists, the characterizations "pathological" and "abnormal" constitute fair inferences.

More light is shed upon the reasons for characterizing the mental make-up of Loeb as "abnormal" by the following extracts from the report:

"His own astonishment at his lack of feeling is worthy of much note. He has repeatedly stated that certainly for years he had hardly any of the slightest evidences of being moved by ordinary sympathy. He says, 'I would have supposed I would have cried at the testimony of Mrs. Franks, but I did not feel anything much. I was not sorry about any of the things I did that were wrong. I did not have any feeling about it. I did not have much of any feeling from the first. That is why I could do those things. I think I am getting worse in my mind in the last few years. I used to be quicker in my mind.' 'There was nothing inside me to stop me.' 'Of course, I feel sorry about my folks, but not so much as I ought to feel.' And to the same point, we have the manifestation in him of the outward characteristics of affability, good manners, desire for friendship, pushed to the point of deliberate planning to achieve better social relationships, desire for sympathy, all in the strangest contrast to his satisfaction in

[1] *Ibid.*, p. 376.

conduct and in the thought of conduct that could easily be seen to include every chance of negating all these desires. This makes a contradictory picture, both in the realms of judgment and emotional life, that is incomprehensible except as it is seen so surely to involve mental abnormality."[1] These inferences, based as they are upon well-confirmed evidence, seem to us to be fair, and to constitute an important feature of the *Gesamtbild* of abnormal personality.

More extracts of the same sort from the joint report of the defense experts might be set forth, but enough has been given to indicate that the terms "abnormal" and "pathological" in the report were, in the main, justified by the evidence and were based upon careful study followed by a maturely formed judgment. This is all that can be expected, in the present stage of psychology and psychiatry, of any experts. Whether their judgment is of any reliability or not, or is consciously or unconsciously biased or not, are matters that must, when all is said, be left to the learning, mature experience, and integrity of the experts themselves, and their careers speak eloquently on this score.

The discussion of the emotional make-up of Loeb and Leopold has brought us to a most interesting point in psychological theory which is raised in the editorial in the *Journal of Abnormal and Social Psychology*. The author of the editorial says: "It may be insisted that the grounds on which this denial of the normal emotional life to Loeb and Leopold was based shows, according to the views of this school, a confusion of emotional reactions with sentiments. The grounds were that they showed no pity, remorse, shame, or other evidence of emotional appreciation of their crime and the situations with which they were confronted. It was not denied that they manifested at times the reactions of anger, fear, curiosity, joy, etc., though not, as alleged, adequately."[2]

Proceeding, then, upon the basis of Professor McDougall's account of the emotional accompaniments of the primitive, innate instincts and their "organization . . . with objects

[1] *Ibid.*, pp. 376–77.

[1] *The Crime and Trial of Loeb and Leopold.* See note 1, page 449.

and ideas by experience", the writer of the editorial ingeniously points out that "one school of psychology would maintain that what was lacking in Loeb and Leopold was not emotions, *per se,* but sentiments—the particular sentiments that in the vast majority of people have been cultivated and organized". While we are in accord with this theoretical distinction between emotions, as innate accompaniments of instinctive drives, and sentiments, as organizations of those emotions about external objects or with ideas in the course of experience, we must insist that it does not by any means follow that the sentiments are *primarily* the products of those ideas or thoughts of those objects. It is of course difficult to say to what degree primitive emotion enters into the complex end-product that we call a "sentiment" or "complex" or "phobia". But on the basis of Professor McDougall's own psychology, which the editorial writer apparently uses as his instrument of attack, we should say that, in the formation of those complex psycho-experiential entities called "sentiments", the emotional life plays the predominating rôle. Further, there is just as much ground for interpreting the evidence adduced by the study of Leopold and Loeb as indicative of an innate pathological emotional life as there is for conceiving it, as does the author of the editorial, as indicating wrong sentiments (or the absence of good sentiments), due to what he vividly designates as "half-baked philosophizing and intentional suppression". While it is true that the facts indicate that Leopold, especially, systematically suppressed all normal sentiments, it is also in evidence that at a very early age both Leopold and Loeb manifested emotional peculiarities, such as—in the case of Leopold—excessive outpouring of mental energy, peculiarly intense and emotionally colored interests in subjects of which ordinary children are not even cognizant, lack of capacity to develop many of the ordinary inhibitions, and the like, and—in the case of Loeb—early lack of moral feelings ("moral obtuseness"), lack of any sympathetic response to situations that ordinarily evoke it, lack of "fear, or even apprehension".

The writer of the editorial seems to believe that the defense

psychiatrists were proceeding upon a theory essentially contradictory to that of Professor McDougall, considering the defense theory as to what he calls "split personalities (based upon the alleged lack of development of the emotions)" as inconsistent with Professor McDougall's theory of the organization of sentiments upon an instinctive-experiential basis. We cannot, however, on the face of it, see that an interpretation of the evidence adduced, as indicative of an infantile *emotional* life existing side by side with a normal or even supernormal development of the intellective mode of mental life, is necessarily inconsistent with the hypotheses of the school represented by Professor McDougall; nor can we see that it was incumbent upon the experts for the defense to point out the alleged inconsistencies between their own hypotheses and those of other schools of psychological theory.

The organization of the primitive instinctive trends into sentiments is not a mental process that has been demonstrated to operate primarily from the intellectual mode of mental life inward to the conative-affective cores of the personality. If the process is not just the reverse (as the psychology of the deteriorating psychoses would indicate), it is at least a coördinate process, working back and forth. When one looks, then, in any actual case under consideration, at the end products—that is, the organized system of sentiments and complexes—alone, one is forced to conclude that it is just as likely that "abnormal" sentiments—or the lack of "normal" sentiments—are due to an innate pathological condition of the instinctive-emotional cores of sentiments and complexes as that they are the fruits of deliberate, conscious, wicked development of antisocial ideas from the outside inward. The only way to get at the ultimate facts, if at all, is of course by considering the evidence in the individual case as far back as it is obtainable; and this, as we stated, is to our mind just as indicative of the theory of a pathology of emotional life as it is of the theory of conscious development of antisocial sentiments through "half-baked philosophizing and intentional suppression". Taken, however, in connection with the other cumulative and corroborative evidence of a generally dis-

organized personality (such as the widespread, long-persisting phantasy life confused with reality, the extreme egocentricity, excessive and continuous outpouring of mental energy coupled with non-fatigability, far-reaching admixture of inferiority and superiority trends, and the like) they impel to the conclusion that the scale of evidence inclines in favor of the theory of a pathological emotional make-up, leading to an abnormal mental development and abnormal interests, phantasies, and eventually behavior.

The hypothesis of sentiments and complexes does not rule out the possibility of abnormality of instinctive, and hence of emotional, life in some individuals. Certainly, it would not be denied that an instinct that is directed from the first toward an abnormal object—an object that in most people is not its normal goal—may be designated as "abnormal" on its "executive side". If, for example, the sex instinct in a certain individual is, from the first, driven toward a goal of satisfaction that is different from its normal goal, and if the patient is not consciously aware of this organic tendency until he later learns of it, such an instinct can rightly be characterized as pathological; more important and pertinent to this point, its emotional accompaniments, regardless of any high degree of intelligence or literary or other gifts that may exist in the individual of such make-up, must also be regarded as abnormal. Finally, any sentiments organized about such abnormal conative-affective life as a central core would, by and large, also be regarded as abnormal. Thus we cannot see that McDougall's account is at all inconsistent with the so-called "split-personality" concept. And if, in the experience of the experts, such a concept has been found valid because it satisfies the important scientific criterion of usefulness in diagnosis, therapeusis, and prognosis, we cannot see that the experts were called upon to enter into hair-splitting and hopelessly confusing polemics as to distinctions between hypotheses.

But aside from this, Leopold and Loeb, the experts state in their report, evidenced not only lack of remorse or sorrow—which Professor McDougall regards rather as "derived" than "pure" or "blended" emotions—and not only a lack of certain commonly found sentiments to which the author of the

editorial alludes in the course of his argument, but also a paucity of such pure emotions as fear and anger, and such "blended" emotions as pity. In other words, they evidenced a paucity of certain of the innate elements for the development of proper sentiments. The lack of clean-cut distinctions between sentiments and primitive emotional responses in the report is apparently more attributable to a hasty and careless use of terminology than to any confusion of the concepts on the part of the experts. Indeed the editorial critic of the experts himself lapses into the same error in the very paragraph in which he uses McDougall's distinction between emotions and sentiments to attack the report of the experts. For example, while, according to the context, he regards pity as a *sentiment,* he overlooks the fact that Professor McDougall himself includes pity among his "blended" emotions—that is, among his *primitive, innate* emotional reactions, which are the result of the simultaneous operation of two or more instincts, and not among his derived emotions, which latter have much of the intellective element in their make-up. "Pity", says McDougall, "is the tender emotion of the parental or protective instinct, tinged with sympathetic pain or distress."[1] That is to say, pity is a blended, but none the less *constitutional* emotional response. Consequently, the almost total absence of pity on the part of Leopold and Loeb is itself a refutation of the attack on the experts' report. Similarly, the editorial writer apparently includes joy among the primitive emotional reactions, in using the argument based on McDougall's psychology, but according to McDougall's own account of our instinctive life, joy is not really a fundamental, innate accompaniment of an instinctive drive at all. It is rather one of the "derived" emotional experiences.[2] A moment's reflection must convince one that this account is substantially correct; for the experience of joy may follow upon the working within us of either of two contradictory desires, as, for example, the desire of hate or revenge, on the one hand, and the desire of love, on the other.

On the basis of the above discussion, the only real ground

[1] *Outline of Psychology,* by William McDougall. New York: Charles Scribner's Sons, 1923. p. 336.

[2] *Ibid.,* pp. 343–44.

for criticism of the experts' report, as we see it, is their too frequent use of superlatives. This merely indicates that even scientific experts cannot remove from their reports the stigmata of emotionalism when issues of life and death hang in the balance. It is extremely difficult, even for scientists, to maintain that purely hypothetical objective attitude we hear so much about. When once these experts had made up their minds that the terms "abnormal" and "pathological" correctly characterize the mental make-up of Leopold and Loeb, it was naturally a difficult psychological feat first to list minutely all the evidence for their conclusions and, secondly, to give those conclusions. Nevertheless, it must be frankly stated that their report could have been couched in more temperate language.

We may summarize our remarks as follows:

1. At the present stage of development of psychology and psychiatry, the best possible instrumentality at the command of the legal order, especially in a hearing on the question of possible mitigation of punishment in the "border-line cases", is a thorough psychological, neurological, and psychiatric examination along the lines employed by the defense experts in the Leopold-Loeb hearing. To insure an unbiased interpretation of, and report upon, those findings, some instrumentality must be devised and adopted whereby the experts are not even placed in the position of a suspicion of possible conscious or unconscious partisanship. In the absence of such machinery, the defense experts in the Loeb-Leopold hearing took the initiative in urging an impartial conference between themselves and the prosecution experts, and the latter were on the whole willing so to confer; but public opinion, whipped up to a frenzy by a yellow-journalized press, exerted too much pressure upon the prosecutor to make such impartial, scientific procedure possible.

2. The use of the characterizations "abnormal" and "pathological" by the experts for the defense, although apparently not as careful as it might have been, did not, on the whole, constitute a begging of the question, any more than an expert is begging the question if he makes a pronouncement upon the weather, calling it "abnormal" for the time and place, and in so doing bases his judgment both upon

his atmospheric observations as to moisture, heat, wind, clouds, and the like, and upon long experience in weather forecasting, as one of the leaders in the profession. The degree of precision achievable may perhaps be different in the two cases; but the principle involved, assuming the integrity and professional qualifications of the weather expert and the alienist, is the same in both cases. That alienists disagree in the interpretation of the facts is a condition inherent in the case; so do expert weather forecasters, or, for that matter, judges on the appellate bench who deal on the whole with a predictable science, disagree. Absolute precision, at the present stage of psychological and psychiatric learning, is an impossible ideal; the employment of experienced, trustworthy, and unbiased experts is possible.

3. The defense experts did not confuse emotions and sentiments (except for their occasional careless use of terminology); and McDougall's psychology, which makes this distinction most clearly, is, on the whole, not inconsistent with the stand taken by the experts as to the apparent existence, side by side, of a normal or even a supernormal intelligence and an infantile emotional life. If an almost total lack of development of the constitutional emotional bases for the organization of certain fundamental social sentiments is a sign, together with many others, of mental abnormality, then, on the evidence before them and in the light of their knowledge and experience, the experts rightly characterized Leopold and Loeb as "abnormal". On the basis of their clinical experience with hundreds of mentally ill persons, many of them of types not very unlike Leopold and Loeb, the experts rightly concluded that the evidence before them pointed not only to abnormality, but to abnormality of such type and degree as to be clinically classifiable as "pathological". Nevertheless, the report of the experts might have been much less open to criticism of the kind discussed in this paper had it been couched in more temperate language.

MENTAL HYGIENE IN THE COLLEGE CURRICULUM*

HENRY N. MACCRACKEN, PH.D.
President, Vassar College.

ONE always feels some hesitancy in speaking as a layman before experts, upon a subject within their field. I represent not the oldest women's college, however, as Dr. Mezes so kindly suggested. Vassar must disclaim that honor, although it is perhaps the oldest of the larger colleges for women to-day. There were many colleges for women already in existence when Vassar was founded, in 1861. But it is a college in which the question of hygiene has from the first been of major importance. It was one of the earliest, if not the very earliest, of colleges to have upon its staff a full-time physician. It was one of the earliest, if not the very earliest, to have elaborate physical examinations made by the department physician. As far back as 1884, the pamphlets and books of Dr. Eliza Mosher, physician of the college, whose fifty years in medicine were so signally celebrated the other day here in New York, were given by the physician to the college and distributed among the students. The greatest care from the first was exercised by the college in the control of the social environment in the interests of hygiene. Matthew Vassar was an Englishman, and he believed in exercise. He was a radical in education, a suffragist even in 1860. One of the first three buildings erected on the campus was a riding academy. The very fact that out of three buildings erected for education one should be an academy for physical exercise was significant in 1861.

We have seen at Vassar—as teachers have seen in all the other colleges—the development of the curriculum, chiefly in the direction of relating knowledge directly to life. One

* Read before the Conference on Mental Hygiene and Education held under the auspices of the New York State Committee on Mental Hygiene of the State Charities Aid Association at Hunter College, New York City, April 24 and 25, 1925.

might almost go so far as to say that this is the only direction in which progress has been attained in our curriculum in recent years. The studies that have been introduced into the college curriculum from the sixties until now have chiefly been in this field. Economics and political science have related to life the laws worked out in the latter eighteenth and the early nineteenth century dealing with man's labor. When my father was in college, there were few departments of political science. The debating society existed, and as he went to a college on the Ohio River, there used to be duels immediately following political debates, especially when they were on the subject of slavery, and several men in his class were shot in these duels. Out of those notable political debates grew the departments of political science in our colleges. Out of the interest of the students in what was going on in this great country, its industrial organization, its conquest of a continent, grew the departments of economics. In the same way our interest in the race and in mankind in the large have resulted in the teaching of ethnology and anthropology, derivative sciences, applying geography, geology, climatology, comparative psychology, and so forth, to the human race in our time. Psychology and physiology have been two of the most recent sciences to be put upon a thorough laboratory basis. It is indeed only within the last ten years that physiology has been set up as an independent department with full laboratory privileges. The same thing holds true of geography and of the study of primitive history. We are trying, in other words, by every means to approach the problem of man and his life on the earth through whatever science can contribute. Even in the field of the exact sciences, so-called, like chemistry and physics, the tendency has been toward the application of the sciences to man and his needs.

Now, with this application of knowledge to life, there has grown in the American college an increasing acceptance on the part of the college administration of responsibility to the student—one might say, rather, responsibility for the student. In the European university there has never been this degree of responsibility. If we take as a typical university the University of Vienna, you will find there practically no recognition on the part of the university of the students as a

society requiring recognition by the faculty of their conditions of life. Such recognition is an Anglo-American idea. If you go to the University of Koenigsberg, you will find a student union and a very handsome building, although it wasn't erected by a German. It was erected by a German-American, who went to his old university after a life in America and gave them this building in order that the students of that university might have a central hall. The old idea that the student was perhaps interfered with when the university assumed authority for him has been prevalent in the European university. It is true, of course, that the majority of the students have been somewhat older than the students in our colleges; nevertheless, particularly in the last few years, when the student class of Europe has suffered such great want, the need of a recognition of this principle of responsibility by the university for the student has been keenly felt, and in recent student meetings in various parts of Europe resolutions have been adopted asking the universities to assume more responsibility.

A middle stage exists in a university like Upsala in Sweden. There the students are organized into "nations", and each nation is responsible for the proper housing and physical condition of its own members, and for their social behavior, and no student is permitted to come up for examination in this university until he has been certified by his own nation as a well-deserving member of the university society.

Our American plan is far more extensive than this. The college has been recognized as a social organism and its environment as a social one for the purpose of experimentation, for the education of the student, for the development of his powers as a citizen, as a neighbor, as a member of society at large. We have recognized this responsibility by maintaining our laws of order and control. It is possible that we have been too paternalistic in this particular in times past. However, I do not think so. What is needed is that with the application of these principles of progressive education to this laboratory planted on the college campus, the student shall be made to feel his own personal responsibility in the problem, and shall share, by initiating himself the experiments that are undertaken, the interest in the project which alone gives

him an enthusiasm for the work. I venture to say that in such a college as Vassar no more serious problem confronts both the student and the administration than this question of hygiene, whether it be personal, social, or mental.

We are investigating the reasons why our students leave college. We are at present giving degrees to between 70 per cent and 80 per cent of those who enter, and that is a good average in comparison with other colleges of our class. But there are still, in the group of those who leave college during the college course, a considerable number of individuals whose academic careers would have been saved had the principles of hygiene been more properly applied. More students who leave Vassar College give health as a reason than any other cause; indeed, probably half of our students who leave give health as a cause.

From the point of view of disciplinary problems, hygiene is equally important. Student failure in personal hygiene is largely responsible for the breaking of rules—in fact, the two things are coincident. The rules of hygiene require a reasonable schedule of time. For instance, once a student is assigned a topic in a certain course and then puts off the writing of that topic until the last week of the semester, and then sits up all night for three nights drinking strong coffee and writes the topic in that time, the failure occurring in that topic is due to a lack of hygiene rather than to any other reason. Most topics written under such conditions will not represent the best scientific principles. An extreme case of this method of hygiene occurred not long ago at Vassar College in a student who was a substitute upon the debating team and who was suddenly called upon to take part in a debate. It was found that she had not completed her swimming requirements at the college; so she was taken by the debate committee to the gymnasium and was rescued by the physical director after about four hours of swimming in the tank trying to make up eleven hours of swimming for a debate that was to take place the next day. That is a striking instance, but it is not more foolish than some of the maladjustments that the students make with their schedules when, having come for the first time into a place of comparative freedom, they find themselves in possession of their own

time and space. It is inevitable that the requirements of exercise, of sleep, and of play should suffer in an environment that is chiefly stimulating toward the mental life; consequently our dean's department and our warden's department, and every officer of the college that has to give advice and guidance to the students in their work, must first emphasize this question of personal schedule and hygiene.

No less important is the development of social hygiene in college. By social hygiene I do not mean sex hygiene, but real social hygiene, in its larger meaning. The requirements of living well together in a dormitory life, upon a campus with many excitements of different minds, the reasons for quiet and for order, for considerateness in relations with other people, for courtesy and good will and coöperation—these things are not to be taught the student to-day as a basis simply of good influence. They are the fundamental bases that make possible living together at a college, and it is essential that the college should assume responsibility for bringing about in that environment an introduction of these principles as the fundamental ground of social hygiene.

Now this same thing, it seems to me, holds true in this last and perhaps most important branch of hygiene, the mental one. Here I speak entirely as a layman, simply as a teacher —for I still conduct classes—and as an administrator. I believe thoroughly in the introduction of mental hygiene into the curriculum and particularly into the life of the college. As a teacher, I feel sure that it should be introduced into every normal college and into every course that is for the training of the teacher; an elementary knowledge, at least, of what has been thus far accomplished in this new field is of vital importance to the teacher. The maladjustments in society to-day are so extensive that the teacher in the modern college is apt to look for them as a matter of course, rather than as the exception. From the point of view of discipline in the college, we find maladjustment at the root of most of the cases. I cannot give you anything like exact figures. I do not believe in using the term "percentage" in this matter—it doesn't mean anything. But I do know that our administration of discipline at the college, in the student self-government, and in the academic field, is at bottom a question of

mental hygiene in most of the cases that have come before us. In a great many of the cases that come up for academic discipline, the divided home is responsible, or appears to be responsible, for the personal problem of the student. In nearly every case that has come before me, I trace back the difficulties to the family. In many cases we find, by reference to our own officers, that the problem of nervous instability is one to be taken into consideration, and the result is that in our system of administrative discipline to-day, before any student is brought to trial by the student court, before any student is dropped from the college rolls for academic failure, the knowledge to be found in our personnel bureau—which is conducted by a psychologist who has had clinical experience—the knowledge from the physician's office, and the social information from our offices of government are weighed, and in most cases they are the determining factors in the case.

In student relations also, it seems to me, it is essential that the principles of mental hygiene should be understood. I believe that a great deal of the injustice that students practice toward one another would be eliminated if they understood some of the causes that produce the behavior of the individuals in various cases. I know that our students who administer student discipline have been profoundly impressed with the knowledge that they have gained as a result of reports from our various officers. In cases where nervous instability has been indicated, we have referred the case to our consultant in mental hygiene. Last year, for the first time, we added to our staff Dr. Austen Fox Riggs as consultant in mental hygiene at the college and lecturer on mental hygiene, and the results obtained by him have already proved to us that in the past there must have been a good deal of injustice due to our ignorance of the problems of personality in the students who came up before us. There were at least three cases in the last academic year in which students who three or four years ago would have been expelled immediately from the college as a result of their behavior, without any opportunity to make good, were, upon the advice of this consultant, allowed to remain and have come out of their difficulties successfully. We have not understood the reasons why students do the incredible things they do sometimes, and we have put

them down to badness, naughtiness, moral depravity, disregard of the high ideals of the college, and so forth. We have expelled these students with more or less publicity. We have brought a stain upon their honor and grief to their family. We have confirmed in them a distinct antisocial attitude as a result of our treatment, when, if we had had this expert advice, we should have recognized the condition for what it was and should have been willing to coöperate with the expert in turning the student's whole situation back again to normality. If this were not so public a place, I would go personally into some of these cases, but I can say to you that they involve all sorts of breaches of discipline. In colleges where I previously taught, at the time when I taught in them, such actions as cheating would have resulted in immediate and public expulsion. Thanks to the mental hygienist, we have found in certain cases that these things can be fully accounted for. Stealing is another not uncommon phenomenon in the modern college, and a number of cases of this nature are undoubtedly due to maladjustments that can be cured by mental hygiene.

There is also very reckless social behavior due to too stimulating suggestion on the part of classmates. Groups of classmates often find that a certain girl likes to be prominent in a foolish way. It is a kind of satisfaction for not being prominent in some other more worthy way.

Such girls will be stimulated by the group into committing actions of which they would otherwise never be guilty. If the group attitude is corrected and the coöperation of the group is enlisted in the rehabilitation of the student as a normal member of society, this foolish behavior vanishes. One such student recently had to leave the college in order to obtain the necessary treatment; on her return, her attitude seemed entirely normal and she has graduated successfully.

Recently Dr. Riggs addressed the Vassar faculty on the job of the psychiatrist. The faculty invited him to deliver this lecture. A lecture does not usually bring out the whole faculty, but there was standing room only on this occasion, indicating the interest of the modern teacher in this subject. This has not been the first time. Dr. Salmon has addressed our teachers and our student body. We hope in the future

to begin with the most general lectures and with the most general principles. Then, emphasizing always the normal rather than the abnormal, we may introduce mental hygiene into our freshman course in hygiene, and introduce into student life and student government some applications of the subject. Finally, through our personnel research bureau, in the control of the psychologist, and through interviews that the mental hygienist has with the students whose maladjustments are referred to him, we may work out some kind of course to be introduced into the department of hygiene, incorporating most of these forms. We already have at the college, and have had for a number of years, an advanced course in the department of psychology, called abnormal psychology, and many of our students, as some of you know, have gone out from Vassar to work in the field of abnormal psychology; but this is a course for experts, for advanced students, and only those ought to take it who are fully grounded in the general principles of psychology. I fancy that most of the facts that are taken up by the mental hygienist are identical with the matters discussed in that course, the main difference being that the mental hygienist is working on the principles of normality; whereas in the other course it is the divagations from normality that are chiefly studied. It has yet to be proved to me that this other material can be safely entrusted to the average undergraduate body before they have had at least two years of work in psychology.

I think there is coming in the American college, and coming very fast, a new integration of certain branches of the curriculum around the problem of the individual and the environment. At Vassar we have used the word "euthenics" to describe this grouping, introduced by Ellen S. Richards, professor of sanitation in the Massachusetts Institute of Technology and a graduate of Vassar. By euthenics we have meant what might be called human engineering—the application of science to the development of more efficient human beings, just as civil engineering or electrical engineering in most colleges develops a higher efficiency in regard to transportation, industrial power, and the like. It has been a question of developing the personal power in the human individual, and it is a field in which women seem to have a great—indeed a

predominant—interest at the present time. In some colleges this has been called the division of health. One difficulty with this word is that it emphasizes simply one phase of the subject. A specialist is very apt to include in his own field all the fields of the other experts. One meets a nutrition expert, for example, who includes under the word "nutrition" all that field which is included in the word "hygiene"; one finds the mental hygienist apt to refer everything to his own field; one finds the endocrinologist ascribing all maladjustments to the failure of some ductless gland or other. The colleges need to be very careful in accepting any one course, or any one science, lest it be not properly defined. But I think that there will be a division of health in all of our colleges, including the branches of physiology, psychology, the department of personnel, the dean's office, and the officers of vocational and other guidance, hygiene, nutrition, student government, and physical education—all these activities in the modern college centralizing themselves for the purposes of giving to the student all that has been developed in all of these fields, and coördinating our whole college life in the interests of the more efficient individual. This is all still highly experimental. The field of mental hygiene is still so experimental that I think it cannot be introduced, as I have said, in a general course open to all students. It is even questionable whether the literature on the subject should be publicly available, except to those who have already had some grounding in the general sciences of physiology and psychology. But that it is coming, and coming rapidly, I am convinced, and I bear testimony here—as one whose responsibilities for conduct, for the reputation of the college as represented in the lives of its students, perhaps also of its graduates, involve daily decisions that affect the lives of individuals, as representing a faculty who are deeply interested in individualizing every student—that we feel nowhere in the curriculum the need of more instruction and more study than from the field of mental hygiene.

A MENTAL-HYGIENE PROGRAM FOR COLLEGES

SMILEY BLANTON, M.D.

Assistant Professor of Psychiatry, School of Medicine, University of Minnesota; Director, Minneapolis Child-Guidance Clinic

IT can no longer be doubted that there is a definite problem of mental hygiene in colleges. Whether those students who are suffering from actual mental breakdowns and markedly abnormal behavior are being adequately cared for or not is only a small part of the problem. There still remains to be considered the large body of adolescents, who are guided intellectually and physically, but left to self-education in the most subtle and profoundly significant field of their own emotional adjustment.

The question is, Just what is the field of mental hygiene in colleges, and what practical working program can be devised to meet it? This program must take into consideration not only the type of student in the college and the morale of the student body, but also the present conventions of education, the present organization of the colleges, and the type and training of the faculties.

Any program that ignores the actual facts of the present college system *is bound to fail. To meet the needs that arise out of these situations, mental hygiene must be an integral part of the educational system or it amounts to little.*

The problem of mental hygiene for colleges must be divided into two phases—first, the maintenance in their normal relationships of those whose adjustment to society is fairly normal, helping the student to understand his own impulses and to get along with his companions; and second, the bringing into normal relationships with their environment of those who have failed, to a greater or less extent, to establish or to maintain such normal relationships.

The great work of mental hygiene lies in the prevention of failures and mental breakdowns through a specific type of education. Its chief function is the training and discipline of

the emotions. The mythical normal person does not exist. All people are possessed of primitive tendencies that must be directed and modified and of conflicts that cause waste and failure. The very word "normal" connotes an idea of abnormality that does not exist in fact and divides people into artificial classes of normal and abnormal. A careful study of people who have in no wise broken down reveals the unplumbed childishness and unreasonableness of all so-called normals—controlled, under most conditions, and overlaid by social customs and by civilization.

Every student, whether a failure or a success, would be benefited by an understanding of himself, and that understanding should be given him as an integral part of his education. Such an understanding will not only help the individual to adjust in the more obvious ways and prevent his breaking with his environment, but—and this is of as great importance—will help him also to realize his highest potentialities.

Colleges have, of course, always made an effort to do just this; indeed, the theory on which the college is founded is that giving a youth an insight into the past of his race, through literature and history and the accumulated knowledge of the sciences, will develop just this capacity for adjusting. But in spite of the best of intentions and the most honest of efforts, the colleges have failed because it has been within the last twenty years only that the laws governing the emotional life have been formulated.

A study of more than one thousand unselected college students, juniors and seniors, has shown that fully half have emotional difficulties that will prevent them from realizing their highest possibilities, while fully 10 per cent have maladjustments serious enough to warp their lives and in some cases to cause mental breakdowns unless properly treated.

An intensive study of one hundred and four unselected college students, juniors and seniors, gave the following results:

Eighty-five	suffered from self-consciousness, timidity, stage fright, fear of reciting, or anxiety when meeting people. These attitudes were so well marked that the students themselves felt that they constituted a severe handicap to their social adjustment.
Seventy-four	had feelings of insecurity, inadequacy, or inferiority so definite that they felt handicapped by them.

Seventy-two	had friction and conflicts with either one or both parents so marked that it made them distressed and unhappy.
Fifty-five	had problems relating to their love and sex life that needed adjustment.
Fourteen	had religious problems.
Fourteen	were upset because they had chosen the wrong vocations or did not know which ones to choose.

This was a study, not of abnormal students, but of an average group of college juniors and seniors. They wrote their life histories and this was followed by an interview in each case. There is no reason to think that any college group would show more normal adjustments.

Not that the psychiatrist wishes or expects to make all these people uniform. Such students need mental hygiene, not because they have emotional difficulties severe enough to cause, ncessarily, mental breakdowns, but because their conflicts do interfere profoundly with their work and cause them to be less efficient and less happy than they are entitled to be, and because, also, they will carry these conflicts out into the world on graduation and be less efficient members of society.

It is to be expected that the adolescent in college would have many emotional problems, since that is the period at which the individual is essentially in conflict with our present social organization. Students come from homes in which the discipline is of many varieties. Entering the comparative freedom of college life, they are thrown on their own resources and develop attitudes and conflicts that interfere with their social adjustments.

Many of the non-constructive radicals and persistent breakers of college regulations are students who are transferring over to the college authorities their conflicts against authority, which started in the home or in the preparatory school. The student is required intellectually to meet adult standards while his emotional life is still that of an adolescent. As a result, we find students who are morbidly sensitive or anxious or moody or timid or egocentric or suggestible or seclusive, who require delicate handling if their intellectual potentialities are to be brought out, for a maximum of intellectual achievement is not likely to occur where emotional conflicts are present.

A faculty member in one of our universities, who is widely known for his sympathetic understanding and wise direction of students, suffered during his college days and is still troubled with an excessive fear of closed places. Even now he does not feel quite comfortable in a room with the door closed. He speaks feelingly of the profound distress and great inconvenience due to this symptom and of how much the relief of it would have modified his life.

In the minds of most people the relatively rare, but very disrupting difficulty—the murder or suicide or erratic behavior that brings notoriety to the college—overshadows the subtle, inconspicuous, but pressing problems in the life of the average student, but the latter, nevertheless, constitute the main problem. The great body of normal students require self-understanding and training of the emotions if they are to be truly educated.

Dean Johnston, of the College of Science, Literature, and the Arts of the University of Minnesota, recently said: "College authorities must realize that times have changed. They can no longer lay out a curriculum and tell the student that he must follow out that curriculum, and leave the rest to chance. The first two years of a student's life in college should be devoted to finding out about himself and his own problems. He should learn to understand himself so that he is a smooth-working machine, and not be filled with conflicts and inhibitions and go jerkily along like a poor machine out of gear."

In the early days of the college, when the student body was smaller, the contact between members of the faculty and the students was so close that the faculty were, in a way, prepared to handle the personal problems of the students. When industry was in its infancy, the owner of a plant and his family were sufficient to look after the welfare of the workers, but owing to the growth of industrial units, this is no longer feasible nor, indeed, is it considered desirable; the help given then was indiscriminate and often destructive and pauperizing. This is true of the universities as well. Sympathy and human interest are inadequate and are often given in an actually destructive form. In industry the welfare department has been evolved to meet this need. Something comparable to this must be evolved for the universities.

Various means have been devised for guiding students and helping them to meet their personal problems. In some colleges a psychologist from the department of psychology is devoting part or whole time to consulting with students who need guidance or who have emotional difficulties.

Sometimes the problem is met in the student health service by a sympathetic physician who has "psychiatric leanings".

A personnel officer has been employed by some colleges who serves as an advisor for the students.

One college, at least, is employing a psychiatric social worker who, in conjunction with the psychiatrist in the student health service, will consult with students who have emotional difficulties.

But educators realize that this is only partially meeting the problem—that these methods are more or less stop-gaps, for use only until a more comprehensive program can be worked out. Mental hygienists feel that this problem can be met adequately only by the organization into a mental-hygiene clinic, headed by a psychiatrist, of all the forces that deal with the adjustment of the student.

The name that is given to this mental-hygiene clinic in the college is very important. The word "clinic" should, we think, be avoided. We would suggest the title "student advisory service". This connects it very definitely with the student health service, but at the same time avoids any implication that it deals with psychopathic or abnormal students.

The duties of the advisory service should be:

1. To coördinate all college activities that have to do with the students' mental health and emotional adjustment.

2. To act in the capacity of a clearing house between the faculty and the student, making the faculty more easily accessible to the student and at the same time relieving the faculty and deans of many of the time-consuming interviews and duties that at present devolve upon them. It should, however, have no disciplinary power.

3. To study and advise in regard to all overt problem cases sent to it by the student-council discipline committee, students' deans, and so forth.

4. To conduct courses in mental hygiene adapted to the

need of the student body to acquire a better understanding of their own emotional make-up and problems.

5. To consult with each student in the mental-hygiene courses and to keep in touch with such students as may need continued direction.

6. To coördinate the vocational-guidance work with the other phases of emotional guidance.

It is essential that such an advisory service be headed by a psychiatrist—a physician who has specialized in psychological medicine. The psychiatrist is familiar with abnormal behavior and is able to determine when he is dealing with simple types of behavior and when behavior borders on the pathological. To be an effective analyst of the emotional life and of all situations in which the adolescent finds himself, the psychiatrist must have seen individuals in all the various stages of behavior from normality to complete breakdown.

The psychiatrist studies the individual from every point of view. He studies the glands of internal secretion and the nervous system, as well as the intellect and the emotions, and his training helps him to realize what types of behavior are modifiable by simple environmental changes, what types require simple psychotherapy, and what types require prolonged and special kinds of treatment.

Quite often these difficulties are far from obvious. On the surface the student shows only a lack of interest; he spends his time at the movies or at parties and neglects his studies until failure is the result. Very often the true cause is some maladjustment which, if remedied, will allow the student to use his intellectual capacities and so make a satisfactory adjustment to his college work.

The title of the psychiatrist in charge of the advisory service is important, more so than would appear at first glance, for the student body will not voluntarily go to any one to talk over their difficulties if by so doing they will be labeled, even to themselves, as suffering from some definite psychopathic condition. On the other hand, the psychiatrist's title should carry no unpleasant connotation from the standpoint of student routine and, above all, should not suggest the possibility of discipline. For this reason neither the title "psychiatrist"

nor the term "dean" should be used, but rather "chief advisor" or some similar title.

It will be noticed that the sixth point on the list of duties of the advisory service is "to coördinate the vocational-guidance work with the other phases of emotional guidance". It is essential that the vocational guidance be coördinated with the mental-hygiene work, since a large part of the actual work of vocational guidance necessarily consists of studying personality traits—social adaptability, resourcefulness, patience, good nature, reliability, trustworthiness—or anxiety states—moods, depression, elations of various sorts—and of analyzing the emotional life of the student and finding out in just what way he can find compensation and outlets for emotional conflicts that are otherwise insoluble.

The overcompensated type, the undercompensated, the moody, the depressed, the excited, the talkative, enthusiastic type—all of these must find work that is suitable, not only to their vocational and intellectual capacities, but to their emotional capacities as well. This work is essentially that of the psychiatrist.

Several colleges have excellent departments for vocational guidance. These departments make a very careful study of the student's activities, seeing that he apportions his study, play, and rest time in such a way as to give him a well-ordered life. They also determine his intellectual status and vocational aptitudes, but further than this they cannot go with safety.

Some of these departments have a psychiatrist to whom they refer students with marked behavior difficulties. This puts the responsibility of the selection of the cases that need care on the vocation-guidance personnel, which is not trained to detect incipient difficulties, and relegates the work of the psychiatrist to problem cases only.

In the ideal clinic there would be a vocational counselor who would, perhaps, give talks to the students on the possibilities of various occupations and would advise with them concerning their future work.

If the psychiatrist confines himself to problem cases sent to him by the authorities, he is likely to miss some of the most serious cases, for the reason that in the early stages of

even the severest difficulties the abnormalities of behavior may be so inconspicuous that they will not come to the attention of the college authorities. It is necessary, therefore, that the psychiatrist have an assured point of contact with the whole student body, and the best way in which this can be brought about is through a *course in mental hygiene* so arranged that every student will pass through it.

Such a course would not only help the psychiatrist to sift out incipient difficulties, but would also give him a medium for the education of the student in the knowledge of the emotional laws under which he functions. The question at once arises as to whether this course should be given to upper classmen or to freshmen. We believe that it should be given to freshmen, but there are a great many difficulties, usually, in arranging this. In the first place, the schedule for freshmen in most colleges is completely filled with required work. However, if the college authorities felt that such a course was necessary, it could be arranged. What a student can do is relative, and if by adding one or two more hours to his curriculum for the first year, he could get an understanding that would help him do his other work more easily and effectively, then it could be done. Perhaps the course should be elective, at first, and not required. It should be given two hours a week for at least a term, and credit should be given for it.

This course would be somewhat as follows: lectures, discussions, and the writing of the students' life histories, supplemented by personal interviews. The discussion work has a double purpose: it helps the student to realize that other people have had the same difficult situations to meet—perhaps the same situation that is now confronting him—and it brings out the various ways of meeting those situations.

This course has been given to both college and high-school students and has been found both practicable and helpful. In giving the course, any formality between the student and the instructor is laid aside to the greatest extent possible, and the terminology used is of the simplest—psychiatric and psychological terminology being discarded as fully as is consistent with an adequate presentation of the material.

The course is given with as much illustrative material as possible, because, after all, the fundamental thing is that the

student gets the idea behind the material, not that he be able to return on an examination paper some set formula with headings and subheadings. This is difficult at first, for a group of students who are accustomed to thinking in terms of outlines to be memorized for examinations on lectures, but after they have become accustomed to it, they seem to enjoy it very much.

A course somewhat like that outlined below is suggested:

I. The anatomical and physiological bases for behavior:
The nervous system; the functions of the autonomic nervous system; its relation to the emotions.

II. The subconscious mind:
The subconscious mind as a theory which helps to explain certain facts of human behavior; forgetting, primitive types of thought, repression, and emotional conflicts discussed; behavior as determined by attitudes and moods of which we are not clearly conscious.

III. Emotions and instincts:
Instincts in the human poorly developed, not present as in animals, modified by habit as soon as born; tendencies in the human being composed of instincts, emotions, and habits; the emotional life as the servant of the instincts; necessity of finding some outlet for the emotional life; development of the tendency to gain attention—how this tendency may be turned to social use; sublimation of instincts; the great part played by transfer of emotions.

IV. The primitive fundamental ego impulses versus the demands of society:
Infant self-centered and dominated by his ego desires; the modification of these desires by group pressure.

V. Discussion of the home:
The psychological divorce which the child must make from the home; the part played by home in the primitive tendencies; attitude toward teacher as a transfer of the attitude toward the parents; the love life of the child—the love first centered on the parents, then upon other objects outside the home, young people of opposite sex, teachers, characters in books, movie actors or actresses, and so forth; adolescent and adult social life; social life of the college.

VI. Moods:
Depressions and elations, underactivity, grouches, and other similar undesirable emotional attitudes.

VII. Fears:
Anxiety states—timidity, stage fright, inability to recite, fear of groups, fear of certain social situations; morbid and obsessive fears which occur in normal people.

VIII. **Compensation:**
Fundamental personality traits often due to a compensation for some psychological or physiological defect or inferiority; these defects or inferiorities as aids toward success if the compensation is a wise one.

IX. **Suggestibility:**
Meaning of suggestibility; much of our education is carried on through the means of suggestion; forms of suggestion that are unhealthy; too much suggestibility, the meaning of this, and contra-suggestibility.

X. **Rationalization:**
Meaning of rationalization; examples of rationalization in everyday life; frequency of rationalization; the alibiing individual.

XI. **Reality versus daydreams:**
The difficulty of adjustment to reality; lack of adjustment in primitive man; the world of dreams; adjustment to reality during some few hours a day; the flight from life in daydreams and in various forms of art, novels, movies, and so forth; romance to the exclusion of the real facts of life.

XII. **How to study:**
Outlets for the intellectual life; training in concentration, memorizing, taking notes, and so forth.

XIII. **Failures:**
The difficulties that have been experienced by others, physical handicaps and emotional problems that have been met before; examples of physical difficulties in great men who have succeeded in spite of their handicap; examples of serious emotional problems that have been met courageously.

XIV. **The life history:**
Study of student's emotional and social life, which he writes, personally, during the course; instructor reads this life history and uses it as a basis for discussion when interviewing student.

Each student is given an interview by the instructor after his life history has been read. The life history plus an interview should give the psychiatrist a very good insight into the student's needs. Fully one-half of the students will receive all the help they require through the course and one interview; about 30 per cent of the class will require two or three interviews; and from 10 to 20 per cent will require continued direction if they make satisfactory adjustments.

The physical situation of the advisory service in the college is very important. Our experience has been that it is unwise to have such a service situated in the building with the student health service, and certainly it should have no relationship with the hospital—especially the psychiatric hospital.

It is best housed in one of the college buildings with the other academic departments.

The ideal service should consist of a psychiatrist, a psychologist, a vocational-guidance counselor, a psychiatric social worker, a secretary, and a stenographer. Such a clinic could give courses to from eight hundred to one thousand students during the year. As the work grew, perhaps an assistant psychiatrist and another psychiatric social worker would need to be added. This would enlarge the capacity of the clinic so as to enable it to care for from two to three thousand students.

In a small college such a large staff would not be necessary. A psychiatrist and one assistant would probably be sufficient.

It might, perhaps, be the part of wisdom to *begin* a clinic with a much more limited staff because *the work should begin unannounced and as quietly as possible.* The psychiatrist might take at first just those cases that were referred to him by the student advisors. Perhaps during the second term the course in mental hygiene might be offered as an elective. As the confidence of the students was gained and they became accustomed to such a service on the campus, they would come to the psychiatrist voluntarily to discuss their problems.

Psychiatry has a definite contribution to make to education. It can assist in remodeling our educational concepts and our ideas as to the true nature of man. It can help in making changes in the college curricula and in modifying methods of teaching so that they will more adequately fit the students to be leaders, for it is to the colleges that the community is turning for leadership. The increase in population and higher standards of living call for new discoveries and new inventions to supply food and shelter. Every scientific advance has given man more power, until now he has more than he knows how to use wisely. It is only through self-knowledge and rigid direction of the primitive destructive tendencies, and through wise training of the emotional forces, that society can avoid serious difficulties. In this great work of education, the psychiatrist has his place.

MENTAL HYGIENE AND PERSONALITY GUIDANCE IN COLLEGES

KIMBALL YOUNG
University of Oregon

PSYCHOLOGY has contributed much to an understanding of the importance of individual differences in educational and vocational success. Mental tests have proved of value not only in high schools and elementary schools, but in colleges, where they have been found of assistance in the personnel work of deans and student advisors. They have also been used in the sectioning of classes on the basis of mental alertness. Yet, in spite of the services of the intelligence test, there still remains for us the increasingly urgent problem of assisting the student in his emotional and personality adjustments. For life success, the emotional core of personality is coming to be recognized as of equal if not greater importance than intelligence, since the most intelligent person is of little value to himself or to society if his emotional life is confused and dislocated. Modern psychiatry has thrown great light on possible methods of relieving persons who are only slightly divergent in their emotional life from the strains produced by conflict. And release from these conflicts often makes an individual an extremely valuable member of society as well as freeing him for his own happiness.

In the past our educational regimen, in its attention to the more formal, traditional inculcation of information and to training in the techniques of earning a livelihood, has neglected the matter of the student's personality reactions to his fellow students and to the wider adult groups with which he comes in contact. The employment of psychiatrists in business and in industry and the rise of the mental-hygiene movement in general has shown us what can be done in everyday life in the way of alleviating the stresses of modern civilization. It is the purpose of this paper to point out the necessity, in college and university organization, of developing a psychiatric service that will assist the student to overcome

personal conflicts that interfere with his success in college and ultimately in adult life.

Before taking up concrete examples of the need for such a service in our academic population, let us review briefly the outstanding features of modern psychology, especially those findings that will help us to solve the problem just stated.

Until very recently, the lines between general, "normal" psychology and abnormal psychology—or, more properly speaking, psychiatry—were sharply drawn. But the contributions of Charcot and Janet on mildly hysterical patients, the researches of Binet and Stern on suggestion, and particularly the work of Freud, Jung, and Adler, have altered the whole relationship between normal and abnormal psychology. As, in the field of physiology, pathology throws into focus much of the structure and function of the organism and gives us a cue to more normal mechanisms, so psychopathology has great importance for normal psychology. Thus the student of mental diseases, especially of the milder sort, learns much that is of great value in the unraveling of personality traits in normal individuals. Above all else, modern psychiatry has shown us that the pattern of all minds is basically the same. The cruder, less socialized phases are seen in the psychoses, such as dementia praecox, while higher forms are often found in compulsive and hysteric personalities. And even aside from the milder neuroses, we find all sorts of eccentricities, quirks of personality, phobias, and conflicts which disturb otherwise normal persons and hence rob them of efficient and happy living. But no matter what the individual is, the basic processes and features of his mind remain similar to those of other persons. And to smooth off the sharp edges of personalities whose mental and emotional conflicts they are unable to resolve in the usual manner will greatly enhance the effectiveness of many individuals of undoubted potentiality for leadership in business, industry, and the professional arts in the rising generation.

There are in our colleges a considerable number of students who are confronted with a host of more or less serious emotional problems. These range all the way from the mild conflict of the student of pious background who is troubled by the teachings of modern biology concerning the

origin and flowering of the species to really serious mental conflicts. Many students are confused by changing sex standards and the expression of divergent sexual habits in themselves. Yet others are confronted with problems arising from their emancipation from restricted social environments.

Ordinarily the student who is distressed by anxieties, doubts, and fears or with compulsive and unconsciously motivated actions does not consider himself in need of any medical aid, at least not from the usual health service of our colleges and universities. For that matter, few colleges or universities have a medical personnel that could handle this type of problem. The usual medical man is rather unversed in the newer developments in psychiatry; he would not add much to the student's peace of mind even if he were consulted.

It might be imagined that academic departments of psychology should lend aid with the students' emotional difficulties. It is true that they might do so, but with few exceptions they do not. A great many well-trained psychologists still lack any concrete clinical experience with problems of motivation and conduct disorder. Not infrequently, in fact, there is a general disbelief in the inclusion of student counsel as a part of the psychologist's work.

Our college deans—to mention a third possible source of assistance—while they are frequently persons of genuine human sympathy, are rather too often men or women with little or no understanding of the bases of human conduct. Moreover, a dean, in spite of his supposed functions, seldom sees a student unless the latter has already reached a degree of academic failure or of antisocial conduct that brings into question dismissal from college. And unfortunately the student has by that time usually passed beyond the stage at which the dean could be of much help to him.

We are, in short, frankly face to face with the need for developing some new type of facility for advising students. It is true that in some institutions religious organizations have made some progress in the new direction, but by and large their work has been futile. The religious personnel connected with the extra-curricular activities of the students, like the administrative deans, are too thoroughly imbued with the older point of view as to conduct. Their judgments are

motivated by ideas of praise and blame, of right and wrong, based on old, outworn, but still persistent standards—standards that imply conscious control of conduct by inhibition and repression of emotions and instincts rather than by direction and education. Such persons, in talking over problems of conduct and the motives back of them, are inclined to offer easy advice, such as: "Make up your mind not to have these nasty ideas," or "Your parents would not like it if they knew what you think or do." The general trend of their advice is in the direction of suggestions "not to do these things any more", "not to think such thoughts". They have little appreciation of the fact that all too frequently the student himself is quite ignorant of the motivation of his conduct, his thoughts and impulses springing up in a compulsive way that runs counter to every effort at control on the part of his ordinary voluntary attention.

To illustrate the types of cases of conflict encountered in a college population, let us review a few of them. The individuals in question are not unlike hundreds of others to whom sensible clinical advice would be of great assistance in handling their problems.

A few years ago a rather able girl came to the writer with an apparently innocent question about memory and learning. One of her first queries was: "Is there any danger of a person losing her memory?" Upon inquiry it was evident that the girl had felt that she was doing much less well in her college courses than she had in the first two years of her work. The objective evidence of a slightly lowered average verified this. Further investigation, however, revealed that at the root of this question, which any student might ask in complete innocence of personal difficulty, was a decided emotional conflict. During her college years she had suffered some ill health and from time to time had consulted the woman physician of the college health department. There was no evidence of organic trouble and the usual advice was given her—to get more sleep, to take more exercise, to eat more regularly, and so forth. There was no indication that the medical advisor recognized another phase, no doubt the conditioning phase, of the student's difficulty.

To relate, in brief, the outstanding features of the case,

the girl told of a rather unhappy family life during childhood. The father was an erratic fellow, the follower of a variety of socialistic theories and of various fashions in health diet, such as Fletcherism. He was well-informed, but his reading was typically haphazard and unorganized. He was, moreover, "free and easy" in his relations with women outside of marriage and had rather defied social convention by constantly moving about from locality to locality. The family, therefore, never stayed long enough in any one place to take up the primary group attitudes of the community, and thus remained more or less isolated from normal group life with its steadying effects on both adults and children. The mother found her solace from social pressure, sense of hurt pride, and loss of love by seeking the church and by trying to draw the affections of her family away from the father.

In the course of her narrative, the girl stated that her father had died and that the mother had by hard work sent her children, two girls and a boy, through high school. Incidentally, this girl was the oldest child and had to look forward to giving financial assistance to the family in order that her sister and brother might also attend college. She went on to tell of settling down into a small community, of her conscious efforts to become interested in the dominant Protestant church of the town. She had actually joined the congregation under social suggestion, but had failed to follow up her conversion because she had felt later that she had been forced into it by sheer bombardment of argument and by the example of her girl companions.

At the close of her high-school period and during her first years at college had come the awakening of normal interest in the male sex. There had been a youthful romance with an engagement which was subsequently broken off. This blocking of the normal development of her personality had clearly been one factor in bringing on a state of mild hysteria, which had made it necessary for her to discontinue college for a semester the year before she came for consultation. It had been upon her return, in fact, that she had begun to worry over the loss of memory. It was soon clear, too, that this fear of loss of memory was connected with fear of complete mental breakdown, of becoming insane. This fear was associated

with the notion that her father had been definitely psychopathic and found support in her studies in the biology and the psychology of genetics and heredity.

As she related her story, the writer got the impression that her story of her father's death was rather the traditional camouflage for what had been actually his desertion of his family. During the talk, he asked the student: "When was it that your father ran away and left your mother and you?" The girl was amazed for the moment at this turn of affairs and asked in return how the instructor knew that her father was not dead, for she frankly admitted that he had deserted the family when she was about nine years of age, but that the family never mentioned him except when absolutely necessary and then always said that he was dead.

It developed that the father had returned to his family when the girl was about sixteen years of age and that he had been the cause of an intense emotional disturbance to her. The particular offense had been his incestuous advances toward her. Naturally there had been another family conflict, and the father had again disappeared. This had been, roughly, four years before.

Here, then, was an instance of a girl of more than average intelligence (an army Alpha score of 145) who was baffled by her conflicts and was moving in the direction of a mental breakdown. Doubtless there were a number of mechanisms at work here that only careful psychiatric treatment over a considerable time would clear up, but it was evident at once that a few outstanding elements in the conflict could be removed by assistance of the right sort. A number of conferences followed, with certain suggestions as to regimen. Special emphasis was laid upon a frank facing of her conflicts by the girl herself, and her eyes were opened to the fact that others also had their conflicts. Above all else she was led to see the importance of directing her attention and effort to the world of external reality, to her college work, to preparation for her chosen field. There was no suggestion of praise or blame, of the inevitability of heredity, or of the necessity for shutting off her daydreams and thoughts about her unfortunate father. Rather there was indirect suggestion toward

what Burnham calls the "task",[1] conversational stimulation, and the exposure of sufficient factors on the side of motivation to enable the girl to take a grip on herself.

The writer did not see the girl again for nearly two years. She was then just graduating. She had recovered her grade average, had become the head of her sorority, and had come to a rather happy, normal outlook on life. She is now, after four years more, well adjusted and making a very successful high-school teacher with marriage in the offing.

Now the ordinary facilities for advising this girl were quite undeveloped. The medical advisor who saw her did not sense the psychological and functional source of the girl's problem. The girl herself did not consider it essential that she consult the dean of women; deans of women are so habitually viewed as persons whose chief concern is discipline. It was more or less an accident that the girl found courage to consult an instructor who was able in a mild way, at best, to assist her in finding herself.

Another type of case that appears in both coeducational and in women's colleges is the mild or near homosexuality that occurs in women's dormitories and other living organizations. This matter is worthy of special consideration and is only mentioned here in passing. Wherever large groups of girls and women are found together, there are certain to be a few persons who approach active homosexuality. These persons in turn initiate innocent college girls into homosexual attitudes and even practices, often with unfortunate results. A number of discipline cases known to the writer are clearly associated with this difficulty. One instance was that of a very bright girl, who, after two years of persistent, recurrent thievery, was finally dismissed from college. There is no doubt, from the evidence at hand, that the girl's compulsive stealing was an associated defense mechanism connected with her homosexuality. Another incident is one of mild homosexual attachment in a dormitory which was terminated by the pledging of one of the girls to a sorority. The second girl almost had a nervous breakdown, and a problem of discipline arose out of the girls' continued breaking

[1] See *The Normal Mind*, by William H. Burnham, especially Chapter 9. New York: D. Appleton Company, 1924.

of house rules as to hours and so forth, in order that they might stay with each other at night.

It is true that in adolescence there is a certain *flair* in both young men and young women for persons of their own sex, and while usually this passes with the years into normal heterosexual relations, the actualities of homosexual habits should be known to administrative heads and persons whose function it is to assist the healthy living together of large groups of young people. I do not mean to suggest that the usual sex lecture should deal with this, but house mothers, deans, and even mature student heads of living organizations should be cognizant of the reality of these trends and should know where to get help in dealing with incipient cases. Often much can be done to normalize the person who has an inclination toward homosexuality. And the active, habitual homosexual who sometimes infests our colleges should be quietly, but firmly dealt with by adequate psychiatric treatment.

What has been said of incipient homosexuality among women may be applied also to men's organizations. Here, too, advice and knowledge go a long way toward preventing emotional crises in the lives of many young men.

A type of personality conflict that is not infrequently found in college men and women and that might be much alleviated and wholesomely directed is that growing out of a change in attitude from piety and orthodox theology to the more pagan and scientific point of view of biological and cultural evolution. The present talk of fundamentalism is simply a current recognition of the fact that modern science has made serious inroads upon the theological beliefs of old and young alike. In all our colleges are boys and girls who have come up from homes and social environments that have either ignored or never been aware of the changing standards of thought in reference to man's evolution, his place in nature, and his solution of his problems. Being thrown into the maelstrom of evolutionary sciences, natural and social, the student is in great doubt and even anxiety about questions of God, of belief in the Bible, and of the moral standards that are apparently so inseparable from our creeds.

While lectures and books and pamphlets on the relations of religion and science are everywhere in evidence, it is still

true that these conflicts persist. One obvious reason why the usual lecture or discussion of the matter has no beneficial effects in the way of alleviating conflicts is that the whole problem is dealt with in rationalistic and intellectual terms. We know that the individual, in order to couple up his science with his older theology, must have some new emotional conditioning, else the shift cannot be made and the individual will attempt to get about the world with two divergent views. These views are either not allowed to mingle or else there is a craving, both conscious and unconscious, for a synthesis, resulting in intense emotional disturbance.[1]

And just here I should like to mention one unfortunate implication of modern science that has crept into the popular treatise and the novel of the day. That is the notion that dynamic psychology teaches a definite revolt against all restraint and authority and that in modern psychology one can find a defense for any type of conduct, so long as it suits one. This, of course, is palpably false. The notion is rather a convenient, but weak rationalization for a failure to solve the fundamental conflicts that still pursue many people who imagine themselves "emancipated" from their past. The radical—political, literary, or otherwise—is as likely as not to be a person of this maladjusted sort. Many such persons, it is clear, illustrate merely the reverse side of intense social inhibition rather than genuine integrations of well-rounded personalities. Since there are many such individuals in our college populations, the social psychiatrist can be of great service in dealing with the problems of the administrative officers as they touch the conduct of the flapper, the college *cognoscenti*, and the whole group of our pleasure-loving, overcompensated youth. Certainly, to continue to control these persons by means of the older definitions of the situation, with praise and blame and with primitive taboos and "ordering and forbidding techniques"—to use the apt phrase of W. I. Thomas—is to mistake the whole contribution of modern psychiatry to the matter of conduct.

[1] For a discussion of the effects of this compartmentalized thinking on scientific progress and especially with reference to the social and humanitarian influences of science, see "The Need of Integration of Attitudes among Scientists", by Kimball Young. *Scientific Monthly*, Vol. 18, pp. 291–305, March, 1924.

The following case, with its evidence of compulsive attitudes growing out of a combination of family background and present liberal education, is typical of those frequently found among our college *intelligentsia.*

It is that of a young woman who was brought up in a home full of emotional turmoil. The mother was very pious and orthodox, the father erratic and unstable. He deserted his family and the mother remarried, a second time unsuccessfully. The girl has developed a host of compulsive habits—staying out at night, nomadism, swearing, revolting against authority of any sort. In her college life she took readily to modern literature, and has developed some ability along literary lines herself, but throughout she has shown much of the compulsiveness of the more radical youth. Persistent breaking of college rules against smoking by women, persistent cutting of classes, and especially failure to make restitution for library books carelessly lost, ended in her suspension. The girl's attitude throughout has been that of the untrammeled, spoiled child. She has the "don't-give-a-hang" reaction to everything; she is unreliable, dishonest, flighty, and "smart-Alec" in her dealings with others. Mere threats, promises, or praise-and-blame tactics are of no use in a case of this kind. Here is a person of great energy, of certain delightful qualities, and of fair talent who could be immensely helped by careful treatment at the hands of a psychiatrist.

The following instance is one that, from the point of view of discipline, is even more serious than the last. The student, a young man of twenty-one or so, is from a rather well-to-do family. He was brought up on one of his father's large ranches with much freedom and healthy occupation. His family background has, on the surface of it, nothing unusual. The young man himself showed two significant trends as a boy which his family more or less ignored. The first was a decided tendency toward growing angry easily—often with an anger or rage of a furious sort far beyond the possible demands of the situation; the second was an increasingly conscious sense of inferiority for being so slow and fat. The boy suffered much from the ridicule of his family, the hired men, and the youngsters of his neighborhood.

As a student in the elementary and secondary schools, he did about average work. So, too, his college grades were perhaps slightly below the median. During his senior year he began getting into difficulties. These included thieving, falsifying, some drinking, and following prostitutes. Particularly serious, however, was the growth of a habit of exhibitionism which finally led to his appearance before the discipline committee.

Here is a college man who needs not praise or blame or old-fashioned admonitions "to go and behave" himself. He is himself perturbed by his behavior; no one *knows* better than he that the whole behavior complex is tearing his personality to pieces. His entire personality is marked by definite compulsive homosexual trends, and he needs the sympathetic attention of some one trained in psychiatry. He left college of his own will to avoid an open scandal. He may take a turn toward normality, but the dice are more or less loaded against him unless some adequate attention is paid to his conflicts. Certainly it is evident that the ordinary methods of dealing with such a case by disciplining the individual, even when the disciplining is well meant, are useless. Ignorant advice is worse than none at all; it may actually do harm. This boy before he left had already shown signs of developing additional revengeful and antisocial traits built around his treatment by college officials.

Other cases might be cited. The following instance of stammering is typical of many. A young college chap, the holder of an important undergraduate scholarship, came to the writer for advice. His stammering, which he had for years successfully disguised, was becoming increasingly obvious. His speech defect is clearly related to some functional disturbance of the personality, since his enunciation and pronunciation are excellent when under control. But in the face of a situation that arouses emotional attitudes, he often goes completely to pieces. He has been alternately a hobo and nomad and a college student. His impulse to wander takes strong hold on him after his speech handicap comes to the front. His personality is strongly egocentric; there is a tendency to project blame on others, and a growing idea that the world owes him a living. This young man has consider-

able artistic and literary promise, but should be taken in hand by a competent college psychiatrist. He consulted the instructor in academic psychology, who had "no time for him" except a hurried, harried, and very businesslike ten minutes. So, too, the physician from the college health service, who saw him, did not comprehend in the least the significance of his difficulty.

One could go on to cite numberless cases similar to those mentioned. A common difficulty is the mild hysteria seen in college women at times. Space, however, does not permit further citation of examples. It is evident enough, I take it, that the problem is one that college and university administrations must face. If we are to salvage some of the students—often students of the highest abilities—who encounter personality disturbances in college and often never fully recapture normality, we must give attention not only to curricular needs and to the matter of intellectual aptitudes; we must above all else give time and energy to the problem of personality on the emotional and affective side.

We are at the point, then, where concrete suggestions as to methods are in order. It is too early, perhaps, to hope that our institutions of higher learning, whether privately or publicly supported, will initiate a thorough-going mental-hygiene program. Moreover, there is some doubt as to the feasibility of the usual clinical organization for this type of service. As we have already noted, many persons who need assistance in personality difficulties do not consider themselves in need of medical attention in any ordinary sense, and the very word "clinic" might inhibit them from seeking help. Because the usual physician is so unprepared for this sort of work, and is even apt to be unsympathetic toward it, this inhibition is likely to persist for some time to come. For the student who is brought to the deans of men or women or to discipline committees for disposal, the clinical organization might be worth while. But even in such cases it is highly important to secure the coöperation and sympathy of the student. The following aspects of the whole matter on the practical side are the result of the writer's observation and thought and are offered for what they are worth:

1. Whatever organization or method is adopted, it must

be, for the present at least, only loosely related, either to the regular discipline committees or to the usual college medical service.

2. It might be well to make the whole service in the nature of an unofficial connection with the university, independent, however, of the church or of fraternal organizations that might attempt such functions. It is obvious that the movement should be cut off from any theological, creedal, or primary-group attitudes and methods.

3. Ideally, of course, the whole development should have a certain spontaneity of growth. Departmental advisors, deans, and others should have great confidence in the individual who undertakes the mental-hygiene and psychiatric service. The student who needs help should never be ordered or forced to consult the psychiatric worker. Instructors and deans might suggest such consultation and might themselves consult the psychiatrist for advice, but the student should act on his own initiative at all times. Only in violent and infrequent cases should the psychiatrist be brought openly into discipline cases before the deans or committees. Such cases would be those of very evident mental disease.

4. The personnel of such service as here suggested is a real difficulty. The individual must, aside from his professional training, be a man of broad culture. Often a layman might have a capacity for this type of work—a capacity far superior to that of the traditional physician. In fact, if there were close personal harmony between the medical service and this type of work, there is little or no reason why much of the service could not be carried on by non-medical persons, provided of course, that they had had special training and clinical experience and with that had the intuitive, artistic ability for dealing with problems of conduct disorder. Above all else, it should be recognized that this sort of work is really a technique, an art, whose aim is the remaking of that delicately balanced mechanism, the human personality. One must be not only a scientist, but an artist in order to do it well.

FURTHER STUDIES IN THE PSYCHO-SEXUALITY OF COLLEGE GRADUATE MEN*

M. W. PECK, M.D.
Boston Psychopathic Hospital

F. L. WELLS, PH.D.
Boston Psychopathic Hospital

IN MENTAL HYGIENE for October, 1923, the writers reported the results of an inquiry into the sex reactions of a group of college graduates. Upon the basis of these and other results, a further inquiry was organized and applied to a similar group, under similar circumstances, the following year. This inquiry contains some 112 items, dealing with the general personality as well as with specifically sex reactions, as it was desired to observe relationships in these fields. The replies number about fifty more than were received for the previous inquiry, an unselected two-thirds of the group as a whole. The inquiry was conducted with a view to the ready classification of responses for comparative purposes. The results, totaling over 25,000 separate items of information, are susceptible to a wide range of treatment, different phases of which will be dealt with in subsequent reports. The present report includes a general survey of the data, giving the text of the questionnaire and the percentile frequency with which the various responses were reported. A few items are not susceptible to this form of treatment; in such cases the questions only will be cited and the replies left for discussion in subsequent reports.

It is improbable that questionnaires of this type could be obtained with signatures or other means of identification. The present data, therefore, are not offered as significant from the standpoint of the individuals who answered, but as

* The study reported in this article is part of a series of investigations made possible by the support of the Committee for Research on Sex Problems, Division of Medical Sciences, National Research Council.

exploratory work in the field of personality study, and as a more intimate cross-sectional view of this grade of individual.

In the study of the personality, a questionnaire has a place somewhat similar to the group tests for intelligence measurement. Both are of limited value for individual diagnoses. But they are economical of time and serviceable for separating many persons of normal status from others with whom more individualized study is indicated.

Limitations inherent in self-estimates for personality study are the falsifications, conscious and unconscious, to which they are subject. An inherent advantage is the access afforded to topics that cannot be reached in any other way—for example, various facts of the instinctive life. Any normally intelligent adult knows the objective facts of his life better than any one else knows them. But an equally intelligent "other" is supposed to be able to interpret what he does know about a first person better than that first person can his knowledge of himself. It is more complete knowledge balanced against more objective judgment. Particular overt traits, which have been much studied by such means, can probably best be evaluated by the collated judgments of others. It is very doubtful whether "personality study" as ordinarily conceived is possible without a large share of information that the subject alone can furnish. Here the problem is to know what are the objective facts of the person's life, knowledge of which is the best guide to his behavior patterns in general. In the present study one is thrown entirely upon the resources of self-estimate, as the group concerned have little or no mutual acquaintance and no scheme of collated judgments is practicable.

The questionnaire is reproduced verbatim below, except that for each response listed there is now included a figure in parentheses.[1] (Occasionally the responses are quoted in some other manner and in special cases omitted.) The figure gives the percentage of individuals who made the response to which the figure attaches. If every individual's response

[1] And except further that many punctuation marks have been editorially inserted which were not in the questionnaire as given. In the questionnaire, though not in the manuscript, the letters in parentheses, which designate the different kinds of response, were in italics.

were so classifiable, these figures would add up to 100. They seldom, if ever, do this because it is impossible to eliminate unclassifiable replies; in some cases the individual's reaction to the question cannot be expressed by any of the responses among which he is asked to choose. In this respect, however, the data compare advantageously with those of the previous inquiry. Brief comment on the results, where apposite, is appended to the item to which it attaches. Special attention is paid to sources of discrepancy between this and last year's results.[1] Items 75–99 deal more especially with sex reactions. These are discussed in more detail, especially from the comparative standpoint.

The questionnaire was in the form of a leaflet, about 5½ by 7½ inches, of eleven printed pages, including instructions. The items are quoted following the instructions, which describe the desired form of response.

FORM IN WHICH THE ANSWERS TO THE SERIES OF QUESTIONS SHOULD BE GIVEN

(Note: The questions given in the illustrations are not among those to which answers are requested.)

Some questions are in form like this (Example 1): Is your make-up EXCITABLE or CALM?

If it seems *more correct* to say that your make-up is excitable, underscore the word EXCITABLE, thus; if the opposite, underscore the word CALM, thus, where the word occurs in the question itself.

Some questions are in form like this (Example 2): Do you tend to be absent-minded? YES. NO.

If it seems *more correct* to say that you tend to be absent-minded, underscore the word YES; if the opposite, underscore the word NO, where it follows the question.

Other questions are in form like this (Example 3): Have there been nervous or mental manifestations in your relatives such as: INCOMPETENT, NE'ER-DO-WELL, CRANK, FEEBLEMINDED, ALCOHOLISM, DRUG ADDICTION, STAMMERING?

If there seems to have been among your relatives a case of STAMMERING, underscore that word; if an habitual alcoholic, underscore the word ALCOHOLISM; if a case of something not mentioned above, as *convulsions*, write the proper word or words at the end, in the space provided.

[1] Expressions such as "last year's results", "previous data", and the like, refer to work reported by M. W. Peck and F. L. Wells in *On the Psycho-sexuality of College Graduate Men* (MENTAL HYGIENE, Vol. 7, pp. 697–714, October, 1923) or by F. L. Wells in *Report on a Questionnaire Study of Personality Traits with a College Graduate Group* (MENTAL HYGIENE, Vol. 9, pp. 113–127, January, 1925).

In all cases like the above, *underscore* the word or words in CAPITALS that apply best. In a few cases, numbers are to be underscored. It is not expected that the expression underscored should apply exactly. What is wanted is the one which, of those given, comes *nearest* the case as you see it. If you feel it necessary further to qualify your answer, do so by writing in the margins or on the last page.

A few questions are in this form (Example 4): What special reason, if any, did you have for entering college?

Here no special answer is requested; in each case of this kind, note briefly, on the dotted line, the word or words that seem to convey your meaning best.

1. In what year were you born?

Year:	1897	1898	1899	1900	1901	1902
Per cent:	6	5	9	22	29	16

Ten per cent were born prior to 1897; 3 per cent subsequent to 1902.

2. Where is your place of birth? .....
3. Is your father living? YES (76); NO (22).
4. Is your mother living? YES (85); NO (15).

These results may be partly accounted for by the greater age of the husband in most marriages. There are, however, more fundamental factors at work.[1]

5. What is (or was) your father's occupation? .....
6. Is the financial situation of your family
   (a) STRAITENED (4); (b) MODERATE (36); (c) COMFORTABLE (47); (d) WELL-TO-DO (12)?

The more favored status of this social group is an all but necessary inference from their being where they are. In the suggested answers of the corresponding question last year (No. 10), the response "moderate" does not occur. As here inserted, it absorbs about half of the "comfortable" responses of last year, and may well give a clearer picture of the social group for so doing. The terms are, of course, subjective. The substitution of income figures was considered and may be tried another time.

7. When you were a child, were there regularly one or more domestic servants in your home? YES (54); NO (46).

A further attestation of more favored status. It will be interesting to compare these figures with such as may be obtained ten, fifteen, and twenty years hence.

[1] Cf. Havelock Ellis' *Man and Woman*, fifth edition, Chapter 17. New York: Charles Scribner's Sons, 1914.

8. How many older brothers have you? Younger brothers?
9. How many older sisters have you? Younger sisters?
10. Of whom does your home circle consist? (a) WIFE; (b) FATHER; (c) MOTHER; (d) BROTHERS, how many?.....; (e) SISTERS, how many? .....; (f) OTHERS (name relationships) .....
11. During infancy were you (a) HEALTHY (79) or (b) DELICATE (20)?
12. Do you consider that your father is sympathetic with you? (a) YES (60); (b) FAIRLY SO (23); (c) NO (7).
13. Do you consider that your mother is sympathetic with you? (a) YES (81); (b) FAIRLY SO (9); (c) NO (1).

The closer attachment to the mother is noticeable. Compare, also, the replies to items 14 and 15.

14. Was your training by your father (a) INDULGENT (33) or (b) STRICT (54)?
15. Was your training by your mother (a) INDULGENT (46) or (b) STRICT (44)?
16. At home do you feel (a) FREE AND AT EASE (81); (b) FAIRLY AT EASE (10); (c) RATHER CONSTRAINED (6); (d) DISCONTENTED (2)?
17. About how many years have you been away from home in (a) SCHOOL .....; (b) COLLEGE .....; (c) ARMY .....; (d) NAVY .....; (e) WORK .....
18. In summer vacations are your headquarters with your family? (a) ALWAYS, OR PRACTICALLY SO (38); (b) USUALLY (33); (c) SELDOM (17); (d) NEVER, OR PRACTICALLY SO (10).
19. Have you worked your way through college in whole or in part? (a) ENTIRELY OR PRACTICALLY SO (9); (b) IN MAJOR PART (14); (c) IN SOME PART (32); (d) NOT AT ALL, OR PRACTICALLY SO (42).

Here, again, the addition of another category to the replies gives a somewhat different picture. Last year's question (No. 27) is evaluated in terms of "whole way" (12 per cent), "part way" (57 per cent), "neither" (27 per cent). But in the present group at least, the bulk of "part way" answers represent minor contributions; in 42 per cent the contribution is absent or insignificant, and in 32 per cent more it is not outstanding. This is again consistent with the more favored position of the group as a whole.

(Item 20: omitted.)

21. Are you, or have you been, married? YES (8); NO (91).
22. If so, at what age did you marry?

The significance of these figures is modified by the varying numbers at the different ages in the group.

23. Your wife's age compared to your own? (a) OLDER (2.9); (b) YOUNGER (4).

Several factors contribute to increase the likelihood that a man marrying young will marry a woman older than himself.

24. If unmarried, has there been in your life any girl or girls you have thought seriously of marrying? YES (59); NO (30).
25. If your answer to the above is YES, how many?
    Girls: 1—2—3—4—5
    Replies 38 17 4 0 1
26. If any attachment of this nature has lapsed, please note the reasons (not more than two) for the ending of the chief attachment that has lapsed:
    (a) DISAGREEMENT on fundamental issues, as children or religion (5)
    (b) INSUFFICIENT MONEY (7)
    (c) Lack of RECIPROCAL feeling on girl's part (6)
    (d) Saw SOME ONE ELSE you liked better (6)
    (e) LESS ATTRACTED on more intimate acquaintance (4)
    (f) Your own feeling NOT DEEP ENOUGH (12)
    (g) GIRL MARRIED some one else (6)
    (h) OTHER CAUSE (nature) ..... (10).
27. Do you make friends (a) READILY (22); (b) WITH AVERAGE EASE (58); (c) SLOWLY (19)?

(Item 28: omitted.)

29. Have you mixed with your college associates (a) WELL (35); (b) WITH AVERAGE EASE (59); (c) POORLY (5)?
30. Have you participated in organized athletics (a) QUITE ACTIVELY (24); (b) TO SOME EXTENT (41); (c) LITTLE OR NOT AT ALL (33)?
31. If your answer to the above is QUITE ACTIVELY, please specify what seems to have been your chief athletic achievement .....
32. Do you seem to be a good judge of how others will act?
    (a) BETTER THAN AVERAGE (27); (b) AVERAGE (68); (c) NOT SO GOOD AS AVERAGE (2.7).

Noteworthy is the reluctance with which the response (c) is made.

33. Do you work better in association with others, or by yourself?
    (a) WITH OTHERS (42); (b) BY SELF (54).
34. In comparison with the average as you know it, are you (a) FREELY TALKATIVE (13); (b) MORE THAN AVERAGE (32); (c) LESS THAN AVERAGE (46); (d) CLOSE-MOUTHED (4.5)?
35. Do your thoughts come more readily (a) IN WRITING THEM DOWN (48); (b) IN EXPRESSING THEM IN CONVERSATION (48)?
36. In comparison with others of your means, are you (a) A FREER SPENDER (32); (b) MORE SAVING (63)?

It is by no means impossible that a group of this kind possesses more economic foresight than the average.

37. In respect to social occasions, do you naturally (a) TAKE LEADERSHIP, "life of the party" (19); (b) FOLLOW ALONG WITH OTHERS (60); (c) RATHER "PLAY BY YOURSELF" (13)?

38. Briefly specify any social activities, such as dances, dinner parties, or excursions that you particularly enjoy .....
39. Is the number of people that you know "to speak to" (a) GREATER (68) or (b) LESS (23) than you believe to be the average of your associates?

There seems no reason why, in point of fact, half should not be on either side of the average. The result is probably conditioned by the general tendency to overestimate one's possession of favorable traits. Cf. also item 40.

39-a. Is your decision on a course of action usually (a) IMPULSIVE (7); (b) QUICK (30); (c) DELIBERATE (48); (d) HESITATING (13)?
40. How much does the opposite sex attract you in comparison with the average of other men as you know them? (a) MUCH MORE (5.4); (b) RATHER MORE (46); (c) RATHER LESS (36); (d) MUCH LESS 6.3).
41. Underscore the physical characteristics that you like best in a girl, or of your "ideal" (specify one characteristic in each line)
(a) TALL (11); (b) MEDIUM (77); (c) SHORT (9);
(a) SLENDER (23); (b) MEDIUM (71); (c) PLUMP (3);
(a) BLONDE (19); (b) BRUNETTE (46); (c) BLACK HAIR (15);
(d) AUBURN HAIR (12).

The relatively slight preference for the blonde is striking; from the forensic point of view the blonde is much more favored.

42. How consistent have your actual attachments been with these physical requirements? (a) GOVERN THEM VERY CLOSELY (16); (b) OCCASIONAL EXCEPTIONS (55); (c) MARKED EXCEPTIONS (23).
43. How many of these girls have you considered or know to be OLDER than yourself? .....
43-a. How many YOUNGER? .....
44. In your association with girls outside of marriage, do you experience enjoyment from such physical contacts as kisses, caresses, and the like? (a) GREAT ENJOYMENT (30); (b) QUICKLY PASSING ENJOYMENT (51); (c) LITTLE OR NO ENJOYMENT (13).

The wording of this question leaves something to be desired; for example, among the (c) answers it does not sufficiently distinguish, on the one hand, those whose enjoyment of any such episode is naturally small, and, on the other hand, those whose meager enjoyment is conditioned by few experiences of the kind.

45. Do you find that you care more for the society of (a) MEN (69) or (b) WOMEN (21)?

Some surprise has been expressed at these figures, but most men would surely rather be known as a "man's man" than as a "ladies' man". This is the sense in which the question seems to be interpreted.

46. In personal problems, do you tend rather to take counsel with persons you trust or to work them out for yourself? (a) TAKE COUNSEL (38); (b) WORK OUT FOR SELF (59).
47. Are you specially influenced in your conduct by the thought of what some one you admire would do in your place or would think of your action? YES (58); NO (41).

A comparative question of last year is, "Are you given to hero worship?" which is answered positively by 25 per cent and negatively by 64 per cent, the reverse of the present situation. This illustrates the diminution of positive replies when a question is phrased in a way that has a less pleasing connotation. If one describes what hero worship psychologically is, in more objective terms, those responding are more able and ready to recognize it.

48. Is your attitude on the social questions of the day, such as Internationalism (a) REACTIONARY (1.8); (b) CONSERVATIVE (63); (c) LIBERAL (33); (d) RADICAL (0.9)?

This may be regarded as partly an expression of the established social status of the group as a whole; also the type of career contemplated is one relatively concerned in the preservation of the established social system.

49. Do you enjoy persuading people to any line of thought or action (a) MORE (60) or (b) LESS (37) than you believe to be the average?

Possession of the latter trait would tend to keep persons out of a group like the present.

50. How often do you go to church? (a) EVERY WEEK (33); (b) ONCE A MONTH OR SO (20); (c) OCCASIONALLY (29); (d) RARELY OR NOT AT ALL (16).
51. How would you describe your mental attitude in talking to a group of people? (a) ENJOY IT (21); (b) AT EASE IN IT (43); (c) UNCOMFORTABLE IN IT (28); (d) VERY DIFFICULT TO DO IT (5.8).
52. In games such as tennis or chess, does gaining an advantage tend to make you over-confident? (a) MARKEDLY (2.2); (b) RATHER (33); (c) NOT NOTICEABLY (62).
52-a. Does your opponent's gaining an advantage tend to affect your game unfavorably? (a) MARKEDLY (6); (b) RATHER (30); (c) NOT NOTICEABLY (60).

53. In your associations with boys or men, have you observed feelings of affection essentially similar to those which men ordinarily feel toward girls? YES (12); NO (85).
If your answer to Question 53 is NO, omit questions 54–58.
If your answer to Question 53 is YES:
54. Towards how many men or boys have you experienced such feelings?
Men or boys: 1—2—3—4
Per cent: 3 4 ½ 1
55. About how old was the object of the chief of these attachments, when the attachment became distinct? Mode (5 cases) at nineteen years.
56. How old were you at that time? Modes (4 cases) at eighteen and twenty years.
57. How many years did this attachment last? (Range 1–8 years.)
58. In such attachments generally, did the following contribute in an important way to your enjoyment?
(a) THOUGHTS or daydreams about friend (½)
(b) His COMPANY in recreation (2)
(c) His CONVERSATION (1)
(d) Physical CONTACT with him (0).

The percentages above include only the cases in which one item alone is specified. On the other hand, 3 per cent report all four features; 1½ per cent, the first three; 2 per cent, the first two; 2½ per cent, the second and third.

59. What special ability if any, have you, such as *mechanical, intellectual, artistic, athletic?* (Please specify in detail.) .....
60. Do you smoke? (a) ONCE OR MORE DAILY (45); (b) OCCASIONALLY (11); (c) VERY RARELY OR NOT AT ALL (43).
61. Do you memorize by (a) VISUALIZING (69); (b) HEARING (8); or (c) in some other way? (Please specify) (7).
62. In what studies have you done best? (a) HISTORY (21); (b) SCIENCE (17); (c) ANCIENT LANGUAGE (2.7); (d) MODERN LANGUAGE (11); (e) MATHEMATICS (17); (f) ENGLISH (15); (g) others (15).
63. With what studies have you had most difficulty? (a) HISTORY (10); (b) SCIENCE (15); (c) ANCIENT LANGUAGE (24); (d) MODERN LANGUAGE (16); (e) MATHEMATICS (21); (f) ENGLISH (9); (g) Others (2).
64. Do you enjoy picturing to yourself experiences which you would like to undergo? (a) GREATLY (41); (b) MODERATELY (43); (c) NOT ESPECIALLY (14).

The same point as in item 47 is illustrated in this question, which last year read: "Are you given to daydreaming?" Then 45 per cent denied the process. When, however, as here, the question concerns the function of daydreaming without naming it, only 14 per cent regard themselves as substantially free from it and nearly half regard it as pro-

nounced in themselves. On the other hand, a positive answer to the question in its previous form may be regarded as evidence of the process in a marked degree, with perhaps some feeling of it as an abnormality.

65. In childhood (prior to twelve years) did you have any of the following: (a) BED WETTING (20); (b) THUMB SUCKING (5); (c) SLEEP WALKING (2); (d) TEMPER TANTRUMS (½); (e) NIGHT TERRORS (7); (f) CONVULSIONS (0); (g) ST. VITUS' DANCE (½)?
66. Do you now usually sleep (a) VERY WELL (56); (b) WELL (38); (c) RATHER POORLY (2); (d) POORLY (1)?
67. Do you talk or walk in your sleep? (a) AT TIMES (15); (b) NO (77).
68. Have you any such nervous habits as (a) BITING NAILS (10); (b) PEELING FINGERS (4); (c) FACIAL GRIMACES (5); (d) CHEWING PENCILS (12); (e) PICKING NOSE (12); (f) STROKING FACE (21); (g) BATTING EYES (½); (h) Others (6)?

In the previous year this question (No. 39) read, "Do you bite your nails or have other nervous habits?" Biting nails was mentioned in all by some 12 per cent of the replies. No other "nervous habit" is specified; 9 per cent answer with an indefinite affirmative. The paucity of these returns contrasts with the present replies to a more definite form of inquiry. Item 65 (19 last year) illustrates the same point.

69. Have any of your brothers, sisters, parents, uncles, aunts, or grandparents had any mental or nervous breakdowns? YES (21); NO (71).
70. If *yes*, please name relationships .....
71. Did any require sanitarium or hospital care? YES (11); NO.
72. If *yes*, please name relationships .....
73. Did any commit suicide? YES (4); NO.
74. If *yes*, please name relationships. .....
75. Did you have specific, intelligible instruction in sex hygiene? YES (44); NO (52).

The corresponding question in the previous report specified "adequate" instead of "specific, intelligible" instruction. The difference in the replies is not great; 40 per cent reported "adequate" in the previous year. It would appear that about half the households of this above-average group paid little or no constructive attention to their children's relation to this topic while these individuals were growing up; in recent years the situation may have changed somewhat.

76. At what age or ages did you get your principal information about sex matters? (Underscore year.)

6	7	8	9	10	11	12	13	14	15	16	17	18
1	2½	3	3	6½	0	14	11	12	8½	9	5½	5½

19	20 and over
4½	6½

To a corresponding query in the previous study, some 58 per cent returned classifiable answers; in the present case 95 per cent do so, owing, apparently, to the modified form of the question. As previously, twelve, thirteen, and fourteen are the critical years, but the present data show relatively more cases at either end; thus 6½ per cent at twenty and over, compared with 2 per cent in the previous data.

77. From what source or sources did you acquire your principal information? (a) FATHER (9); (b) MOTHER (8); (c) TEACHER (8); (d) PHYSICIAN (8½); (e) COMPANIONS (34); (f) BOOKS (25); (g) Others (please specify) (7).

More than one source is frequently named by a single individual; the above percentages are of the number of mentions of the various sources. The present data show more influence of companions, books, and physicians, less influence for the homes and school. Books are given twice as often as before. The preponderating rôle is played by sources not associated with a didactic personal relationship.

78. In your opinion, who should give boys and young men their principal information in sex hygiene? (a) FATHER (47); (b) MOTHER (14); (c) TEACHER (9); (d) PHYSICIAN (25); (e) RELIGIOUS ADVISOR (3); (f) Others (please specify) (2½).

In the previous data the consensus of opinion was practically unanimous in favor of the desirability of serious instruction. This item was omitted from the present inquiry. In the previous data no systematic distinction was made between the parents, though the father is uniformly preferred. In the present results, the father is named over three times as often as the mother. The school is named half as often, the physician twice as often, as before. The church has again the smallest representation specifically listed.

79. How would the attitude of your *father* towards matters of sex be best described? (a) MATTER-OF-FACT (24); (b) INTOLERANT (10); (c) PRUDISH (3); (d) RESERVED (43); (e) UNCONCERNED (6).

80. How would the attitude of your *mother* towards matters of sex be best described? (a) MATTER-OF-FACT (21); (b) INTOLERANT (14); (c) PRUDISH (4); (d) RESERVED (48); (e) UNCONCERNED (3½).

The question previously embodying items 79 and 80 made no distinction between the parents, though it was occasionally made in the replies. When they are separated, as here, there is perhaps less difference in the groups than one would expect. The data here quoted do not of course show how far the parents in any household were similar in attitude.

(81–84) How do the following different kinds of activity affect your sexual impulses? Answer each item by writing either (a) "increase" or (b) "decrease" or (c) "indifferent" or (d) "unknown".

81. Minor love-making ("summer flirtation")—(a) 60; (b) 4; (c) 27; (d) 4.

The question that previously covered items 81–84 was somewhat obscurely worded, but it suggested an answer in the direction of either "increase" or "decrease". Many replies were actually of the "indifferent" type, and it seemed best to equalize the suggestions of the four types of answers here quoted. The result is to change the tenor of the replies markedly in the item above.

82. Mixing socially with the better class of girls at dances, parties, etc.—(a) 14; (b) 13; (c) 64; (d) 5.

The conventional view is that contacts of this type decrease specifically sexual impulses. This convention, and the suggestion of choice between increase and decrease offered in the previous inquiry, operated there to throw the bulk of the answers into the "decrease" group. When, however, an "indifferent" category is given equal suggestion, it absorbs the bulk of the answers, and the decrease group is actually outnumbered by the increase. The probability is that the increase group is much larger than here reported, and that the failure to name it more often is due to the opposed convention which causes many such effects to be listed as "indifferent".

In the previous material, one reply finds that insincere flirtations are erotically stimulating, but sincere ones not so. However, if "nice girls" did not afford erotic stimulation at least equal to that of their more liberal sisters, the whole social function of modesty would be called into grave question. That the stimulation is on a different level is generally true, and the prejudice against identifying them is under-

standable. But to give the devil a controlling interest in eroticism is unsound both as mental hygiene and technical psychology. *"Zur demi-mondaine langt meine Figur noch nicht mehr recht"*, remarked the ageing Berlinese *cocotte*. *"Ich glaube, als anständige Frau wirke ich begehrenswerter."*

83. Reading modern problem fiction containing realistic love scenes—(a) 33; (b) 3; (c) 46; (d) 10.
84. Attendance at the average musical comedy—(a) 26; (b) 3; (c) 59; (d) 5.

In the above two cases a different effect appears, though with a generally similar conditioning. Overwhelmingly positive effects in the previous data have shrunk to about a third their former proportions, the difference being absorbed into the "indifferent" category. That these factors in question are ordinarily stimulating is well recognized, and the prejudice against acknowledging such stimulation is much weaker than in the case of "nice girls". Hence, in the absence of "indifferent" suggestion, the "increase" answer is uniform, instead of the "decrease" answer given in item 82. In the presence of "indifferent" suggestion, the prejudice is strong enough to draw many replies from the "increase" into the "indifferent" category; just as in item 82 the facts are strong enough to draw many replies from the "decrease" into the "indifferent".

85. Have you, prior to marriage, had sexual intercourse? YES (37); NO (59). Answer this question *yes* if you have had intercourse prior to marriage; *no* if you have never had intercourse or only subsequent to marriage. If your answer is *no*, ignore questions 86–91. Questions 86–91 allude *solely* to sexual intercourse had *prior to marriage*.

This percentage of affirmative replies, to a question dealing with an objective datum, is practically the same as that reported in last year's results, being only 2 per cent higher. Its significance is closely bound up with the ages of the persons returning the answers.

86. At what age did you first have intercourse, being not yet married? (Underscore year.)

10	11	12	13	14	15	16	17	18	19	20	21
0	½	0	½	1	4	2	4½	5	6½	4	5½

22	23	24	25 and over
½	1	1	1

These figures bear out last year's results on a point on which the previous presentation seems not to have been overclear. Only about one-twelfth of the 37 per cent reported in item 85 established this contact at later than twenty-one years of age. Yet 81 per cent of the group were born in 1901 or earlier. If, therefore, this contact has not been established at an age approximating twenty-one, the chances are considerably lessened, for this group, that it will be established extra-maritally in later years. The relatively early ages at which these contacts are established raises the question of how far such episodes represent initiative as opposed to suggestibility in this sphere. The data do not suggest independent seeking of gratification in response to coercive urge. Probably a leading factor is response to the invitation of more mature women; the example of promiscuous older companions is no doubt significant as regards prostitutes, but the rôle of these in the matter generally is a minor one (item 90).

87. Indicate by underscoring the approximate number of such episodes up to the present time: (a) less than 10 (20); (b) 10–20 (10); (c) 21–40 (1); (d) 41–60 (½); (e) 61–80 (1); (f) 81–100 (0); (g) over 100 (1).

The evaluation of overt extra-marital sex activity is a complicated problem; this and the two following questions were directed thereto. It would appear that the primary process plays a rather subordinate rôle in this group. Only a minor percentage have pursued these contacts in anything like an habitual way. The relation of this inquiry to that concerning prostitution is obvious.

88. With how many different women have you had intercourse? (Underscore.)

1	2	3	4	5	more than 5
7.7	3.6	4.8	3.1	6.7	10

This question is so closely related to that on prostitution that at the risk of anticipating it may be said that there is no essential difference in this respect between those dealing with prostitutes and those dealing with "others". The replies lend color to the view that these contacts are relatively opportunistic. Once established, they tend not to be restricted to a single partner. Practically half the group involved have dealt

with five women or more, though only a third of this number have passed through more than twenty episodes of this nature.

89. About how many times *a month*, on an average, have you had intercourse during the past year? (Underscore.)
Less than 1 — 1 — 2 — 3 — 4 — 5 — more than 5
16 4.9 2 2 ½ 1 2

A question in the previous study somewhat comparable to this indicated that about twice as many had intercourse less often than once a month than did so oftener. The present item was intended as a guide to the individual's contemporary adjustments in the field. More activity is indicated than in last year's data, but its rôle is hardly important in more than 15 per cent of the group as a whole.

90. What proportion of your acts of sexual intercourse do you suppose to have been with prostitutes? (Underscore. A prostitute, within the meaning of this question, is a woman who accepts these relations primarily on a commercial basis.)
(a) NONE WITH PROSTITUTES (21); (b) ABOUT ONE-QUARTER (4½); (c) ABOUT HALF (3); (d) ABOUT THREE-QUARTERS (2); (e) ALL OR PRACTICALLY ALL WITH PROSTITUTES (4½).

These results throw the findings of last year into stronger relief. A distinct majority report no dealings with prostitutes; only one-fifth as many report all dealings with them. Some factors affecting this item have been discussed in the previous report. It is even more evident than at that writing that the prostitute plays no indispensable rôle in the primary activities of this group. Rather is the question raised of what leads the prostitute to be sought—*e.g.*, adequate stimulation by members of the prostitute class only (cf. Sadger) or personal unattractiveness to the opposite sex upon other than the commercial basis above cited. A normal coercive organic "hunger", appeasable through organic contacts as such, seems out of the question.

91. About what proportion of your sexual acts have been when you were under the influence of alcohol? (a) NONE (25); (b) ONE-QUARTER (7); (c) HALF (1½); (d) THREE-QUARTERS (1); (e) PRACTICALLY ALL (2½).

These findings closely parallel the above, and bear out what has been many times remarked of alcohol and prostitution. What they further show—which has not been so widely affirmed—is that primary eroticism persists in considerable

degree, and presumably at a level of more hedonic value, in the absence of alcoholic reinforcement.

92. At what age did you masturbate for the first time? (Underscore age.)

7	8	9	10	11	12	13	14	15	16	17	18	19	20
2	3	2	7	4	10	12	18	8	6	3½	3	1	½

21	22	23	24 and over
½	1	0	½

With regard to the age when adolescent masturbation begins, the figures are very similar to those of the previous report. The only noteworthy difference is that but half as many (3½ per cent) deny the practice altogether. Possibly the better physical organization of the later questionnaire has something to do with this; in the well-known advertising phrase, "printing gets things done".

93. For how many years did you continue with regularity? (Underscore years.)

1 or less	2	3	4	5	6	7	8	9	10 or more
18	11	15	7	7	4½	3½	3	1	4½

These figures depart from those of the previous year in being more scattered. There are considerably more cases at both ends of the distribution.

94. About how many times *a month*, on an average, did you masturbate during this period? (a) LESS THAN ONCE A MONTH (14); (b) ABOUT ONCE A MONTH (11); (c) TWICE (16); (d) THREE TIMES (11); (e) FOUR TIMES (11); (f) OFTENER THAN FOUR TIMES A MONTH (13). (If you can state or estimate the number of times altogether, please do so.)

These figures are nearly identical with those of last year.

95. Is the practice now a problem? (a) YES (9); (b) SOMEWHAT (12); (c) NO (67).

The form of this question departs from the corresponding one of last year in a way that seems specifically to influence the results. The form of last year's question invited rather definite positive or negative answers, the proportion resulting being as 14 to 66. Here the intermediate possibility of "somewhat" is suggested, with the result that a total of 21 per cent now regard their lives as more or less complicated with fixations at this level. The proportion who answered negatively is not altered; the "somewhat" group is derived

partly from the "yes" group, partly from those who ignored the question or answered unintelligibly. There is reason to suppose that those who ignored the question include a fair proportion in whom the facts are positive; it seems less likely that the negative answers are thus modified to any grave extent.

96. To what extent do sexual thoughts and unsatisfied sexual cravings seem to interfere with your work? (a) LITTLE IF AT ALL (50); (b) MODERATELY (40); (c) MARKEDLY (6½); (d) EXTREMELY (1½).

There is more recognition of interference in the present group than in last year's, which may be conditioned by the form of the question.

97. What has proved the best outlet to turn your thoughts away from sex? (a) INTELLECTUAL WORK OR PASTIME (23); (b) MUSCULAR WORK OR PASTIME (37); (c) SOCIAL ACTIVITY (12); (d) OTHER INTERESTS (state nature, if practicable) (4½).

The figures are in substantial accord with the previous data. The place of social activities is again low, and the prominence of intellectual work has relatively increased. Considerations raised under item 82 would now suggest that this is in part because social activities are apt to involve more or less stimulating contacts with the opposite sex. The primacy of muscular activity in respect to this item seems definitely established.

98. During the past year, how many times *a month*, on an average, have you had nocturnal emissions? (a) ONCE A MONTH OR LESS (52); (b) TWICE A MONTH (30); (c) THREE TIMES (4½); (d) FOUR TIMES OR MORE (4½).

The meaning of these figures is very limited, as it is bound up with their relation to primary eroticism, masturbation, and the like.

99. Have you ever had the following: (a) GONORRHOEA (2); (b) SOFT CHANCRE (0); (c) HARD CHANCRE OR SYPHILIS (0)?

As in the previous data, the incidence reported is lower than expected. It should be borne in mind that but 15 per cent of the group have trafficked with prostitutes at all. The number of infections reported is thus one-seventh of those particularly exposed. Havelock Ellis has mentioned that the less select social strata may be actually less exposed to vene-

real infection, the standards of the group making it easier to establish primary contacts above the prostitute level. Such figures as those of items 89 and 90, however, would indicate that this class difference is disappearing under the influence of democratic institutions. The results in the present item would be consistent therewith.

100. Do you worry about your health without sufficient cause? (a) CONSIDERABLY (2); (b) SOMEWHAT (21); (c) LITTLE IF AT ALL (72).
101. Have you any special fears or dreads? YES (18); NO (75).
102. If yes, please specify. .....
103. Do you talk out your troubles (a) OPENLY (4); (b) UNBURDEN TO CLOSE FRIENDS (43); (c) KEEP TO SELF (47).

The large number of (c) answers may as reasonably be regarded as the product of a healthy self-reliance as of "shut-in-ness". It is especially necessary to take into account the setting of other traits in which such a trait as this occurs.

104. Are you (a) EVEN-DISPOSITIONED (59) or do you (b) SWING UP AND DOWN (35)?

This question and its replies are practically identical with those of last year.

105. Is your common mood (a) BUOYANT (17); (b) MEDIUM (56); (c) SOBER (24)?

In some respects this is the weightiest item in the questionnaire, as it reflects the general level of satisfactions at which the individual lives. Here again (cf. item 95) the question of the previous year has been altered to include an intermediate category. (Cf. also item 108, question 54 of last year.) As this is against a psychological principle of questionnaire work, some explanation may be offered of why it was done. In this instance it was specially desired to separate out those who regarded themselves as distinctly above or below medium. This is not attained by two categories, such as last year's. Nor was it desired to force this decision where it was difficult, as this is not here of sufficient import. The question here serves to distinguish two groups of major and minor satisfactions whose relation to more specific adjustments, such as those of social and sex life, will be taken up in subsequent reports.

Have you had episodes of apparent depression or elation, out of proportion to the apparent cause?

106. Depression—YES (38); NO (52).
107. Elation—YES (38); NO (49).

In the previous inquiry a corresponding question (No. 66) read, "Have you ever had more than transient periods of depression or elation?" Eighty-seven per cent answered No, 6 per cent Yes, the remainder scattering. The changes made in the present question produce a body of information strikingly different.

108. Do you easily feel slighted or badly treated? (a) YES (19); (b) RATHER (42); (c) NO (35).
109. Name the three or four pursuits, indicating the order so far as possible, through which you get the most satisfaction from life. .....1.
110. What personage from history or legend do you admire most, or would you consider your ideal? .....
111. Name three or four other personages who would stand high in this respect (a) .....; (b) .....; (c) .....; (d) .....
112. Has your attitude in relation to this personality study been (a) INTERESTED (77); (b) INDIFFERENT (16); (c) RESENTFUL (0)?

A similar query was placed at the end of the general personality and of the "sex" divisions of the previous inquiry. In the latter case 6 per cent recorded a "resentful" reaction, not reported in the present instance. In the general personality questionnaire, slightly more interested and fewer indifferent responses were recorded than here. This is almost certainly because the previous questionnaires gave more latitude to the forms of answers and room for the satisfactions of self-expression at this level. It is more interesting to write about one's self than simply to make marks. The issue between the two types of questioning has been already discussed. In further inquiries it seems wise to separate them rather definitely according to their respective functions.

The aim of this presentation has been to give a general view of the data most susceptible to normative treatment. Further studies will deal with relationships among the various traits reported with reference to personality type, and so forth, and with special topics that come to light in further examination of the data.

SOME OBSERVATIONS ON "CONTRARINESS" OR NEGATIVISM

K. M. BANHAM BRIDGES

Assistant Psychologist, The Canadian National Committee for Mental Hygiene

IN THE course of my acquaintance with two families, some of whose members possessed strong negativistic tendencies, I made several observations that might be of interest to those engaged in the study of behavior and conduct problems. In the following short article I have therefore endeavored to set down those thoughts and observations with special reference to contrariness, stubbornness, obstinacy, and "hot-headed" opposition. After describing the general conditions that lead to "contrariness", I have offered a few suggestions as to how such behavior might be treated, based both upon psychological facts and my own observations of actions on the part of other people that "worked well" or that brought disaster.

We are told by some psychologists that contrariness and the kindred forms of behavior already mentioned are symptoms of "negative" or "contra" suggestibility. This latter trait, upon analysis, is found to be a defense reaction against the influence of authority and coercion. It is normal in young children, "especially between the ages of two and three years, during the transition period from helpless infancy to assertive childhood".[1] When this negative attitude persists and becomes habitual, according to McDougall, it "seems to be determined by the undue dominance of the impulse of self-assertion over that of submission, owing to the formation of some rudimentary sentiment of dislike for personal influence resulting from an unwise exercise of it—a sentiment which may have as its object the influence of some one person or personal influence in general".[2]

[1] *Social Psychology*, by Floyd H. Allport. Boston: Houghton Mifflin Company, 1924. Chap. X, p. 250.

[2] *An Introduction to Social Psychology*, by William McDougall. London: Methuen and Company, 1915. Chap. IV, p. 102.

Negativism may also be a defense against an innate hyper-suggestibility. Defense reactions are known to develop in opposition to some strong tendency; for example, extreme prudishness may be a defense against a strong erotic tendency. Contra-suggestibility, similarly, may develop in a person who is originally highly suggestible, as a crude way of asserting his independence and of defending himself against all social influences in the environment, whether immediately personal or not. The suggestion or "social stimulus" [1] necessary to produce these automatic responses, either of straight acceptance or of opposition, may be read in a book or a newspaper column, perceived in an actual social situation, or heard in conversation. It may be direct or in the form of a hint, an intimation, or an insinuation.

Contra-suggestibility, again, may have a combination of causes; it may be a defense both against authority and against innate hyper-suggestibility. Its determination may be further complicated by other defense reactions and associated emotional experience. For instance, certain forms of negativism savor very much of the "sour-grapes" attitude. One of my subjects tended to set up an opposition against or take an attitude of ridicule toward a topic of conversation of which she really approved if the other person in the discussion defended her cause with extreme vehemence and enthusiasm. Since the subject herself could not achieve such heights of oratory and eloquence, she unconsciously endeavored to attain superiority by belittling the cause and its exponent. This form of self-assertion is termed by Adler the "derogatory impulse" and is one mode of expression of an inferiority complex or conflict.[2] But whether it be due to simple or complex causes, negativism is always an emotional reaction involving some degree of mental conflict. The greater the complexity of causes, perhaps the greater the emotional disturbance involved.

There are persons who are both negatively and positively suggestible at times. Perhaps these are persons whose defense mechanism has grown up largely as a protection

[1] F. H. Allport, *op. cit.*, p. 252.

[2] *The Neurotic Constitution*, by A. Adler. Authorized English translation by Bernard Glueck and John Lind, New York. Moffat, Yard, and Company, 1917.

against their innate hyper-suggestibility. All the subjects of my observation seemed to me to be of this type. They would repeat the ideas and sayings of people of whom they were fond, accept their judgments and attitudes with regard to books, people, social or other problems, and even imitate their mannerisms or peculiarities of speech.

It is a well known fact that some people are more suggestible than others; but unfortunately comparatively little work has been done with regard to the exact measurement of suggestibility and the study of its correlation with other personality traits. Although a few psychological tests[1] have been devised for this purpose, I know of no reliable statistical evidence that shows the relationship of suggestibility to intelligence, to temperament, or to the various forms of psychopathy.

Some experimental work has been done in an attempt to show change in suggestibility with change of age. Town[2] has shown that "average boys of twelve to fifteen years of age are highly suggestible". There is a little experimental and much observational data to the effect that children are ordinarily very suggestible as compared with normal adults, as also are psychoneurotic, unstable, fatigued, relaxed, or intoxicated persons and members of a crowd.

The subjects of my observation—two men, two women, and one boy—were all of supernormal intelligence, perhaps with slight tendencies toward emotional instability and psychoneurosis. Each of them tended to develop strong likes and dislikes toward persons, forms of behavior, customs, principles, and material things associated with them. They all developed deep affections for particular persons.

During my observation of their negativistic reactions, I noticed that these were prompted most frequently by persons who were disliked or disapproved of either for their actual character traits, behavior, or appearance, or for their association with persons, customs, principles, or other objects of dislike and disapproval. I found, moreover, that even

[1] *Manual of Mental and Physical Tests*, by George M. Whipple. Baltimore: Warwick and York, 1919.

[2] "An experimental Study of the Suggestibility of Twelve- and Fifteen-year-old Boys", by Clara Harrison Town. *Psychological Clinic*, Vol. 10, pp. 1-12, March 15, 1916.

people who were generally regarded with affection were opposed or reacted against when anything about their person or their behavior might be associated with one or more of the "dislikes". These associations were seldom clearly perceived by the "contrary" one. The whole reaction would often result in the most torturing mental conflict and even physical discomfort for that individual. One man, for instance, would take a "contrary fit" against his wife whenever the time came for paying monthly accounts, whether they were his or hers, whether large or small, or whether he could pay them or not. Upon these occasions his wife, though not extravagant, became inseparably bound up in his mind with the horrors of debt and dependence. He would oppose everything she wished or suggested, first with regard to the financial business and then with regard to anything at all. If she preferred dinner at seven, he preferred it at eight. If she had planned a little evening party, which he would normally enjoy, he would go out. Sometimes he would confine himself to one room and refuse to speak to her for a time, depriving himself of pleasant company, proper meals, and the comfort of a warm fire in the evening. After a time he would gradually become more agreeable, and eventually he would endeavor to make some compensation to his wife, whose affection and company he really appreciated. This seemed to result in restoring his own mental relief and happiness.

Acceptance of and opposition to suggestion, according to psychological authorities,[1] both operate automatically and unconsciously. This fact was clearly noticeable in all the behavior reactions of either sort that I studied. It also accounts, in the case of strong negative reactions, for the powerful influence of associations with "dislikes". These, unperceived by the individual, operated suddenly and automatically because unchecked by his conscious preferences and control.

The outcome of this blind negativism is often to make the person behave in ways contrary to his deepest wishes, to

[1] See William McDougall, *op. cit.;* Charles Baudouin, *Suggestion and Autosuggestion* (translated from the French by Eden and Cedar Paul; New York: Dodd, Mead, and Company, 1921); F. H. Allport, *op. cit.;* W. Trotter, *The Herd Instinct in Peace and War* (London: T. F. Unwin, 1916).

make him utter false judgments and come to hasty, biased, and inaccurate decisions.[1] Socially, he is a difficult and unreliable person.

A complementary picture to this one is that of the hyper-suggestible person who is influenced against his wishes by the suggestions of others and who will sometimes rebel against—he knows not what. These outbursts in reality are due to his own personality traits asserting themselves after long suppression from assumed attitudes and behavior imitated from some one else of a different personality type. Such a person's judgments are determined by the immediate environment through the suggestion of people, books, or associated ideas with the concrete surroundings. My negativistic subjects, I noticed, would exhibit a similar picture of hyper-suggestibility in the presence of congenial company and when no unhappy associations prompted a negative response.

It would seem, then, that for the happiness and greater efficiency of the individual, it would be well for him to be aware of these unconscious tendencies within himself, whether he be mainly of the negativistic or of the hyper-suggestible type. Of contra-suggestible persons McDougall says, "commonly such persons regard themselves as displaying great strength of character and cherish their peculiarity".[2] In addition to merely becoming conscious of his tendency, then, a negativistic person would need to consider its true nature: he would need to trace back in memory and, preferably with the aid of an old and trusted friend, to find the origin of his contra-suggestibility, and then to reëvaluate it in the light of its effect upon himself and upon his social relationships.

With such knowledge the individual could then proceed to "map out" actual situations and recognize those elements likely to influence his behavior to a greater or less extent. He could evaluate his own judgments. He could interpret his own "bad times", weigh the causes determining them, and choose a more desirable course of action. All this would take time, of course. Adjusting to oneself is a slow process,

[1] "An Experimental Study of Decision Types and their Mental Correlates", by J. W. Bridges. *The Psychological Monographs*, Vol. 17, August, 1914. p. 53. (Monograph No. 72.)

[2] William McDougall, *op. cit.*, p. 102.

but it develops more rapidly with the experience of success. One of my subjects who made serious efforts at such an adjustment derived great benefit and happiness thereby.

During the process of adjustment, when a relapse to negativistic behavior occurs, a friend or relative in whom the individual has respect and confidence can often be of great assistance in preventing a series of unhappy consequences and in furthering the adjustment process. The friend should be quick to observe the offending situation or association that prompted the negativistic response. He should try to change the situation or remove the negative individual from the situation by the most expedient and expeditious means. In the case of a child, this might only consist in taking up his attention with a different and interesting object, or it might involve participation in some pleasurable form of muscular activity, through which medium the emotional disturbance already aroused might be expressed. In the case of adults, a change of occupation, a game, or a walk would be effective for the same reasons, should any of these be feasible at the time.

If the trouble is to be found in the friend himself, in his behavior, or in an association with his behavior, the situation is more difficult. The mental conflict set up in the negative person between his affection for the friend and the offending association or behavior will intensify the emotional reaction. It may even be necessary for the friend to go away for a while, reappearing as far as possible without the offending marks and preferably for the purpose of joining some pleasurable pursuit, game, sport, or social entertainment.

Whether the friend temporarily separates from his negativistic pal or not, he must endeavor to change his appearance in the eyes of the pal, possibly by drawing attention to projects, experiences, events, ideas, or objects of mutual interest and entirely unassociated with the offending causes. The intervention of games or amusements would be of value, as already stated, for these would tend to relieve the emotional tension in the negative person and to restore a spirit of congeniality between the two friends. Under these conditions it would be possible for the friend tactfully to help the negativist to become conscious again of his own behavior and its immediate causes, so that he could make good his experi-

ence and not relapse back into his disagreeable and obstinate ways.

In dealing with contrary and stubborn children, for the sake of expediency elders will often try to "put across" their wishes by suggesting the opposite. This only helps to develop the child's negativistic tendency by force of habit, and is not assisting him to emancipation from his impulses and to intelligent control of his behavior.

There is a still more dangerous and futile way of dealing with an obstinate child in an endeavor to get his coöperation or submission to authority for some necessary purpose, and that is by attempting to force the child or to "break his will". In the first place, this increases the cause for negativism and resistance against unpleasant and stern authority. Secondly, it is a challenge to the child to fight, a suggestion in itself for the opposite of what his elders wish. And, thirdly, if the child wins in the conflict of wills, it weakens his respect for the person exerting the authority and gives him a feeling of great satisfaction with regard to his own obstinate tendency. If he loses in the battle, he may lose also his self-confidence and the will to achieve anything at all; while his revolt against authority may turn into a secret "grudge", expressing itself in cunning and "underhand" ways.

When the original causes of a negativistic tendency are sought out, they may always include a just revolt in the beginning against an unreasonable, harsh, or intrusive authority. This was the case in all five of my subjects of observation. Furthermore, when the immediate causes of a particular "fit of contrariness" are discovered, they may often disclose attempts on the part of other people to exert unjustifiable influence, sometimes conscious, sometimes wholly unconscious. This also was my experience. We all of us have some tendency to dominate and we all of us need to learn greater respect for the rights of others to independence, whether they be grown-ups or children.

One word I may add with regard to the social importance both of suggestibility and of contra-suggestibility when under conscious vigilance and control on the part of the individual. Through his suggestibility a person receives knowledge of things as they are, of people and their ways, their needs,

thoughts, and ideals. It is the easiest channel through which to learn sociable behavior and to pick up information and experience of others. All this forms the material upon which must be based future theories, inventions, discoveries, or practical constructions. Through contra-suggestibility, on the other hand, a person may become aware of flaws in the present system, of the inadequacy of theories, customs, laws, or institutions to meet human needs. It is through this channel that inspiration comes to form new ideas, to adapt old forms of behavior to new situations, and to effect social reconstructions from the knowledge already imbibed. The one trait is as necessary to the welfare of the individual and to humanity as is the other. It is only when either trait is allowed to function unconsciously and unchecked that it becomes a menace to the happiness of its possessor and his associates.

Your children are not your children,
They are the sons and daughters of Life's longing for itself.

. . . . .

You may give them your love, but not your thoughts,
For they have their own thoughts.
You may house their bodies, but not their souls,
For their souls dwell in the house of to-morrow, which you cannot visit, not even in your dreams.
You may strive to be like them, but seek not to make them like you,
For life goes not backward nor tarries with yesterday.

—Kahlil Gibian, in *The Prophet.*

STATE LAWS RELATING TO SPECIAL CLASSES AND SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS

THOMAS H. HAINES, M.D.

Director, Division on Mental Deficiency, The National Committee for Mental Hygiene

PLANS for providing instructional and training facilities for feebleminded and other mentally handicapped children in the public schools have everywhere encountered at the outset opposition on the ground of expense. A program that demands the best trained teachers for these least promising children and allots to each teacher not more than eighteen children involves an increase of expenditure that at once sets up a barrier in the minds of school boards and superintendents and makes the initiation of such special training very difficult. Some states have encouraged local boards of education to provide training facilities for mentally handicapped children by authorizing the state superintendent of education and the state treasurer to pay a certain proportion of the salaries of teachers of special classes, or to pay a given sum for each properly qualified pupil attending a properly organized special class.

In various states statutory provisions have been made for the examination of or for approval of the qualifications of special-class teachers, for the examination and enumeration of children retarded in mental development, for the organization of special classes, and for the employment of state directors of special classes. Our 1923 survey[1] revealed so wide a variation from state to state in the provision of facilities for the special training of mentally handicapped children—the incidence or frequency of special training opportunities in the public schools ranging from no provision what-

[1] *Special Training Facilities for Mentally Handicapped Children in the Public Day Schools of the United States*, by T. H. Haines, M.D. MENTAL HYGIENE, Vol. 8, pp. 893–911, October, 1924.

ever in eleven states up to Wyoming's figure of 78 children in special classes for every 10,000 school children from seven to fifteen years old—that it is of interest to review these statutory provisions, and to examine into possible relationships between legal provisions for special-class facilities and the organization of such facilities.

The various statutory provisions were enacted to encourage the development of facilities for the training of mentally handicapped children in the public schools. We can ascertain how far the fulfilment of this purpose has been attained, and by what legal provisions, by confronting these statutory provisions, state by state, with the tabulated statements of organization. We cannot expect exact and positive results, since the conditions of the experiments have not been controlled, but we should secure some significant data, in view of the fact that certain of the statutes were enacted nine years ago.

Existent statutory provisions will be presented topically as relating to (1) mandates and permits to organize special classes; (2) definitions of "mentally retarded" or other problem children; (3) provisions for the physical and mental examination of children and the enumeration of candidates for special classes; (4) provision for state direction of special classes; (5) regulation of the course of study in special classes; (6) examination and approval of the training and qualification of special-class teachers; and (7) state aid for special classes in schools for mentally handicapped children.

The date of enactment is given for each quotation made. We have tried also to give the dates of earlier enactments expressing the same general intent.

MANDATES AND PERMITS TO LOCAL BOARDS OF EDUCATION TO ESTABLISH AND MAINTAIN SPECIAL CLASSES AND SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN

California: "The board of education of any city school district, upon recommendation of the city superintendent of schools, or the board of school trustees of any elementary school district, upon recommendation of the county superintendent of schools, may establish and maintain one or more separate classes for pupils who would profit more from a course other than the regular course of study prescribed for the elementary schools, and may substitute for the regular course of study other types of school work or study approved by the superintendent of

schools as being better adapted to the mental needs of the pupils enrolled." (From Section 6 of Chapter 685, amending Section 1662 of the Political Code, and approved June 3, 1921.)

Connecticut: "No educationally exceptional child shall be deprived of school privileges except with the express approval of the secretary of the state board of education, and every child so excluded shall be brought immediately to the attention of proper authorities to insure adequate protection and training for the child.

"Any board of school visitors, town school committee, or board of education may provide special instruction for educationally exceptional children. Two or more school districts may combine to provide such instruction. Upon the petition, approved by the state board of education, of the parents or guardians of ten or more educationally exceptional children residing in any school district, the board of school visitors, town school committee, or board of education shall establish a school for said educationally exceptional children or shall provide instruction in some other way." (From Chapter 355, Act approved June 24, 1921.)

Illinois: "The board of education shall exercise general supervision and management of the public education and the public school system of the city [100,000 population] and shall have power to make suitable provisions for the establishment and maintenance throughout the year, or for such portion of the year as it may direct, not less than nine months in time, of schools of all grades and kinds, including normal schools, high schools, night schools, schools for defectives and delinquents, parental or truant schools, schools for the blind, the deaf, and the crippled, schools or classes in manual training, constructural and vocational teaching, domestic arts and physical culture, vacation and extension schools and lecture courses, and all other educational courses and facilities, including playground maintenance." (From Section 136, passed by the Fiftieth General Assembly, approved April 20, 1917, and amending Act of 1909).

Louisiana: "Parish school boards shall have authority to organize and maintain special classes or schools for the benefit of mentally, morally, or physically deficient children whose needs cannot be properly cared for in regular public schools." (From Act No. 111, approved July 13, 1922.)

Massachusetts: "At the beginning of each school year the committee of every town where there are ten or more such children [three years or more retarded] shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. No child under the control of the department of public welfare or of the child-welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section, shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to

maintain a special class as provided for in this section." (From Chapter 231, approved March 31, 1922, and reënacting law of July 1, 1919.)

Minnesota: "Upon application of any special, independent, or common school district, complying with the provisions of this act, made to the commissioner of education, he may grant permission to such district to establish and maintain, within its limits, one or more schools for the instruction of deaf children who are residents of the state."

"Section one (1) of this act shall, so far as applicable, provide for and apply to schools for mental subnormal children, except that these schools shall be under the control of the commissioner of education."

"Permission to establish such special classes as may come under the provisions of Sections 3 and 4 of this act may be granted to districts which have an actual attendance of not less than five children of school age." (From Sections 1, 4, and 5, Chapter 194, Laws 1915, amended in 1919 and 1921.)

Missouri: "Whenever in any school district there shall be found ten or more children who are blind, or who are deaf, or who are crippled, but yet able to be moved about, or who are feebleminded and yet capable of instruction, the board of education or board of directors of the district may provide appropriate instruction in a special class for such groups of ten or more of each class of defectives, and shall provide transportation to and from school for such children as could not otherwise attend. Instruction, which is adapted to the varying physical and mental capacities and handicaps of the children, must be provided in these classes under the regulations of the state department of education: Provided, that the instruction given in all such special classes shall be limited to the elementary-school grades." (Section No. 11147, approved April 2, 1921, and May 30, 1919.)

"School districts may establish special classes for twenty or more children, who, while not feebleminded, are on the border line of mental deficiency, or as [are] so backward in intelligence as to be incapable of receiving proper benefit from the instruction in the regular grades, and shall receive state aid to the amount of three hundred dollars ($300) per annum for each teacher wholly employed in the instruction of such pupils, provided the teachers have been especially trained for the work and the classes approved in accordance with section 11149." (Section No. 11150b, approved April 2, 1921.)

New Jersey: "In each school district in this state in which there are ten or more children three years or more below normal, the board of education thereof shall establish a special class or classes for their instruction, no class, however, to contain more than fifteen children." (From Chapter 239, approved April 8, 1921, amending act of February 11, 1918.)

New York: "The board of education of each city and of each union free school district in which there are ten or more children three years or more retarded in mental development shall establish such special

classes of not more than fifteen as may be necessary to provide instruction adapted to the mental attainments of such children." (From Chapter 553, approved May 18, 1917.)

Oregon: "In every school district in the state now having a general population of ten thousand (10,000) inhabitants, or which at any time hereafter shall attain ten thousand (10,000) inhabitants, the board of directors may establish a department of research and guidance in the public schools of such district.

"The board of directors may place such department, when established, under the supervision and control of a person of such training, experience, and capacity as shall fit him to conduct the work of said department properly and efficiently. Said person shall be known and designated as the director of the department of research and guidance, and shall perform his duties under the general control and supervision of the superintendent of schools of the district. The board of directors shall have the same powers with respect to his appointment and removal and the fixing of his salary as in the case of the city superintendent of schools and his assistants."

"The board of directors of any such district is hereby authorized and empowered to establish and maintain such special schools, courses, classes, or instruction as they may deem necessary for the proper instruction and education of educationally exceptional children, as defined in this act, and said board is hereby authorized and empowered to require the attendance of such children at such schools, courses, classes, or instruction as may be established hereunder, although said schools, courses, classes, or instruction may be located outside of the subdistrict wherein such child or children may reside. (Sections 1, 2, and 6, Chapter 28, approved February 8, 1923.)

Pennsylvania: "The county or district superintendent of schools shall submit to the board or boards of school directors plans for establishing and maintaining special classes in the public schools or special public schools for the proper education and training of all such children reported to him as fit subjects for special education and training, and it shall be the duty of the board of directors of any district having such children to provide and maintain, or to jointly provide and maintain with neighboring districts, such special classes or schools: Provided, however, That if it is not feasible to form a special class with a minimum attendance of ten children in any district, or if [for] any other reason it is not feasible to provide such education for any such child in the public schools of this district, the board of school directors of that district shall, if the parents or guardians of said child give written consent, secure such proper education and training outside the public schools of the district, or in special institutions, on terms and conditions not inconsistent with the terms of this act or of any other act then in force applicable to such children." (From Section 1413 of School Laws and Decisions, as amended July 22, 1919.)

Utah: "The board of education of any city of the first class shall, or the boards of education of any other school district, under a contract

to be approved by each of such boards, may provide for the establishment and maintenance of special schools and classes and for the support and education of the children transferred to them under the provisions of this chapter." (Section 4721, Laws of 1921, Chapter 105, approved March 21, 1921.)

Wisconsin: "Upon application by the district board of any school district embracing within its limits any village or city, or the board of education of any city, the state superintendent may authorize such school district board or board of education to establish and maintain within the corporate limits of any such village or city, respectively, a special class for the instruction of exceptional persons of school age who reside in said school district or city." (Subsection (1) of Section 41.035, Statutes of Wisconsin, approved July 6, 1917.)

Wyoming: "It shall be the duty of the State Board of Education to provide for the education and training, and when necessary, for the support and maintenance of children resident in this state who are afflicted with stuttering, stammering, defects of the organs of speech, arrested physical development or other physical defects (caused by infantile paralysis or otherwise), or who are defective in mental development, and who are, in consequence of such defects, unfitted for attendance in the public schools, and for whose instruction, treatment, and care no adequate provision is made in the public schools or other public institutions of the state. It shall be lawful for the State Board of Education thus to provide for such children under the age of twenty-one years, by placing them in some school or institution in this state or elsewhere, as may be deemed expedient, or to provide for special classes for such children in the local schools of any city or rural district." (Section 2, Chapter 41, approved February 9, 1919.)

"The State Board shall assume the care for such children only in cases where the Board of Education of the school district in which such pupils reside shall approve such action." (From Section 4, Chapter 41, approved February 9, 1919.)

Comparing this list of states, each of which has a legislative mandate or permit for organizing special classes in the public schools, with the tabulated list of states that give percentages of children from seven to fifteen years old enrolled in special classes, we find that:

1. Every one of these states that have statutory regulations has also some special classes in its public schools. The mandates, however, are far from being duly obeyed. Special classes are lacking in many districts in which the state law requires that they should be organized.

2. Some of the states that rank low in percentages of seven-to-fifteen-year-old children enjoying special-class facilities

have definite requirements by state law for the organization of such special classes. Instances can be cited in Lousiana, Utah, Missouri, and Wisconsin.

3. Some of the states that rank high in the organization and operation of special classes have no legislative requirement on this subject. Such are Michigan and Rhode Island.

While statutory permission or requirement is probably not, therefore, necessary as a prerequisite for organizing special classes in any state, such a legislative requirement, taken in connection with provisions for the supervision of the special-class teaching by the state department of education, for competent clinical examination of problem children, and for financial aid from the state treasury, does act as an accelerator of the organization of special-class facilities in the public schools.

DEFINITIONS OF MENTALLY RETARDED OR OTHER PROBLEM CHILDREN ELIGIBLE TO SPECIAL CLASSES

Connecticut: "The term 'educationally exceptional children' shall include all children over four and under sixteen years of age who, because of mental or physical handicap, are incapable of receiving proper benefit from ordinary instruction and who, for their own or the social welfare, need special educational provisions." (Section 2, Chapter 355, approved June 24, 1921.)

Illinois: "For the purpose of this Act 'specially handicapped children' shall be defined as including the following three groups of children:

"(a) All children of school age who are three years retarded in school grades or the mental equivalent in retardation in those children who have not had three years in school.

"(b) All children of school age who are delinquent; that is, those who display antisocial tendencies, incorrigibility, or any similar characteristics.

"(c) All children of school age who, in the opinion of the teachers, are different or stand out from the others by reason of physical or mental handicaps such as any of the following characteristics: melancholia, having fits or spasms, extreme nervousness, stammering, hysterical, physical and mental factors otherwise sufficient to interfere with their progress in school, interfere with the progress of other pupils, or to constitute a disturbing factor to teachers or pupils." (Section 5, Senate Bill No. 448, approved June 25, 1923.)

Oregon: "The term 'educationally exceptional children' shall include any child between the ages of six and seventeen years, both inclusive, who is not receiving proper benefits from the ordinary instruction in the public schools, either because of exceptionally keen mental qualities or

because of mental or physical handicap which incapacitates such child from pursuing the studies scheduled in the classes to which such child would ordinarily belong." (Section 3, Chapter 28, approved February 8, 1923.)

Pennsylvania: Every child "between the ages of eight (8) and sixteen (16) years, who is gravely retarded in his or her school work, or who, because of apparent exceptional physical or mental condition, is not being properly educated and trained" is to be reported. (From Section 1413, as amended July 22, 1919, P. L. 1090.)

Utah: "Any child between the ages of eight and eighteen years, residing within the city or cities maintaining such special schools or classes, who in the judgment of the board of education of such city, is not receiving care, training, and education adapted to his special needs, or who has become, or is in danger of becoming, a delinquent child, within the meaning of Section 1829, Compiled Laws of Utah, 1917, or a dependent or neglected child within the meaning of Section 1835, Compiled Laws of Utah, 1917, shall, with the consent of the parent or parents, custodian or guardian of such child, be transferred to a special school or class, provided for the purpose, for a term not extending beyond the age of eighteen years." (Section 4722, Laws of 1921, Chapter 105, approved March 21, 1921.)

Missouri statutes specify "feebleminded children who are yet capable of instruction", and laws in Massachusetts and New York use the phrase "three or more years retarded" and in New Jersey the phrase "three years or more below normal" to designate children as suitable candidates for admission to special classes.

Definition by statute aims to make clear what children present such serious problems or are so retarded in school work or so defective mentally that they should be considered candidates for special-class training. It is clear that determination of the causes of retardation is a matter for medical study and clinical decision. It is equally clear that the determination of what training is best calculated to serve the interests of each retarded child will depend upon the clinical findings in the case.

It is well known that the border line between mental deficiency and normality is a shadowy one and that its determination is complicated by various types of defect of personality make-up. It seems, therefore, hardly desirable to seek to define mental deficiency more precisely in statutory regulations. The chief function of a statutory definition is to

open the opportunity for and to arrange for the organization of a *mental-hygiene school clinic to study the personalities of problem children.* As a matter of experience, in states where proper clinical advice is available for the schools—even where the statute provides for the study only of those children who are three or more years retarded in mental growth—it is found that every sort of mental problem is brought by the schools to such clinical service.

PROVISIONS FOR EXAMINATION OF PROBLEM CHILDREN AND ENUMERATION FOR SPECIAL CLASSES

Connecticut: "Said board shall make regulations requiring enumeration and reporting of all educationally exceptional children. . . . The board of education shall prescribe forms for reports required by any court on the educational status of school children, summarizing the child's school career and indicating his capacity to profit by experience and by instruction. Said board shall supervise the educational interests of all children over four and under sixteen years of age who are residing in or attending any child-caring institution receiving moneys from the state treasury." (From Section 2, Chapter 355, approved June 24, 1921.)

Illinois: "The Department of Public Welfare shall make and conduct a survey, to be completed within two years after the passage of this Act, covering the numbers, location, and types of specially handicapped children of school age within the state of Illinois, and shall, in coöperation with representatives assigned by the Illinois Department of Public Health and Public Instruction, and board of education of Chicago, prepare and publish a report containing the findings and recommendations resulting from such survey.

"The Director of the Department of Public Welfare shall determine (with the coöperation of representatives to be assigned by the Illinois Department of Public Health and Public Instruction and the board of education of Chicago) the manner in which the survey shall be conducted, shall select the necessary personnel to conduct the survey, and report the findings resulting therefrom to the General Assembly and to the Governor. Said Director of the Department of Public Welfare shall have power to fix the compensation of those employed on the survey and to incur such other expenses as are proper incidental to the making of the survey.

"The survey shall include in its study the numbers, location, and types of all specially handicapped children of school age from the medical, psychological, and social standpoints, and the findings shall cover all facts connected therewith, relating to the work of the Illinois Departments of Public Welfare, Public Health, and Public Instruction, and board of education of Chicago, the health of such specially handicapped children, and any other facts of value to the improvement of the general welfare of such children." (Sections 1, 2, and 3, Senate Bill No. 448, approved June 25, 1923.)

Massachusetts: "The school committee of every town shall annually ascertain, under regulations prescribed by the department and the commissioner of mental diseases, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein." (From Chapter 231, approved March 31, 1922, as a revision of Chapter 277, approved July 1, 1919.)

Missouri: "It shall be the duty of the board of education or board of directors in each school district to ascertain annually the number of children in a district who belong to any of the above types [blind, deaf, crippled, and feebleminded]." (From Section 11147, approved April 2, 1921, and 10795 A, approved May 30, 1919.)

New Jersey: "Each board of education in this state shall ascertain what children, if any, there are in the public schools who are three years or more below the normal." (From Section 1, Chapter 33, approved February 11, 1918.)

"When in any county a survey has been made setting forth facts and conditions regarding juvenile delinquency and deficiency among children of school age, the results of which shall, in the opinion of the Commissioner of Education, warrant the establishment of a department of child study, there may be appointed by the Commissioner of Education, with the approval of the State Board of Education, a supervisor of such department who shall work under the authority of the county superintendent. The term of office of such supervisor shall be for one year, and he or she shall receive an annual salary of not more than twenty-five hundred dollars." (Section 1, Chapter 249, approved April 8, 1921.)

New York: "The board of education of each city and of each union free school district, and the board of trustees of each school district shall, within one year from the time this act becomes effective, ascertain, under regulations prescribed by the commissioner of education and approved by the regents of the university, the number of children in attendance upon the public schools under its supervision who are three years or more retarded in mental development." (From Chapter 553, approved May 18, 1917.)

Oregon: "The director of the department of research and guidance shall make an enumeration of all educationally exceptional children, and shall report to the city superintendent of schools his findings and determinations as to what, if any, special instruction each of said children may require to insure the fullest educational development within the capacity of such child; he shall determine what, if any, special courses, classes, or instructions are required for the education of the children so enumerated, and shall make his recommendation to the city superintendent of schools for the establishment of special classes and special schools which he deems necessary." (Section 5, Chapter 28, approved February 8, 1923.)

Pennsylvania: "It shall be the duty of the secretary of the school board, teachers, and attendance officers, in every school district in this

Commonwealth, in accordance with rules of procedure prescribed by the Superintendent of Public Instruction, to secure information and report to the medical inspector of the school district and to the district or county superintendent of schools, on or before the fifteenth day of October of each year, every child within said district, between the ages of eight (8) and sixteen (16) years, who is gravely retarded in his or her school work, or who, because of apparent exceptional physical or mental condition, is not being properly educated and trained, and as soon thereafter as possible, the medical inspector shall examine such child, in accordance with rules of procedure prescribed by the Commissioner of Health, and report whether such child is a fit subject for special education and training." (From Section 1413, as amended July 22, 1919.)

Utah: "The board of education of each such city or the board of education of any two or more such cities, may appoint and fix the compensation of a clinical psychologist and such assistants as may be deemed necessary, whose duty it shall be to aid the school board or boards in carrying out the provisions of this chapter." (Section 4730, Laws of 1921, Chapter 105, approved March 21, 1921.)

Wisconsin: The supervisors of special classes "shall give special attention to examining, testing, and classifying the pupils applying for admission to such special classes and perform such other duties as the state superintendent may direct. Such supervisors shall be exempt from the provisions of sections 16.01 to 16.29, inclusive, of the statutes." (From Subsection (3) of Section 41.035, approved July 6, 1917, and amended July 23, 1919, and May 27, 1921.)

Wyoming: "The State Board of Education shall investigate and ascertain what children residing in the state may be suitable for the care, education, and training provided for by this Act, and for such purposes may secure such expert assistance and advice as it shall deem needful and any officials or employees of the state or of any county, city, or public institution in the state, may be called upon by the State Board of Education to render appropriate services without other or further compensation than their actual and necessary expenses incurred in such service, or the State Board of Education may, if it deem it advisable, employ an educational or medical expert to make such tests and diagnoses as will be necessary to determine what children need such treatment." (Section 3, Chapter 41, approved February 9, 1919.)

Statutes relating to special classes have generally emphasized enumeration rather than the *clinical examination* which is a prerequisite for intelligent enumeration as well as for properly adjusted training. Statutory provision for the mental examination of problem children has been made in very few states. The burden of enumeration is placed upon boards of directors and superintendents. Members of school

boards and superintendents need the help of psychologists, psychiatrists, and other physicians in order to ascertain the educational needs of problem children. Proper examination of the personality is a matter for clinical specialists.

In some states, where substantial state aid for special classes has been available for more than five years, together with specific requirements for the organization of special classes, little or no progress has been made in the organization of such classes. In such cases this seems to be attributable in large measure to lack of provision for the clinical study of problem children.

In Massachusetts, where no specific state aid is given for special classes, the outstanding progress in the organization of such classes may be attributed largely to the five lines of the statute of 1919 which provided for the coöperation of the state department of education and the state commission on mental diseases in the yearly clinical examination of all children in the public schools three or more years retarded in mental development.

The outstanding feature of the Oregon law of 1923 is the provision for departments of research and guidance in the larger school districts of the state. This statute places the duty of enumerating all educationally exceptional children upon this department. It recognizes that such exceptional children can be effectively designated only after proper clinical study. In such departments we find lodged also the responsibility for the organization of special instructional facilities.

STATE DIRECTION OF SPECIAL CLASSES

Connecticut: "The state board of education shall appoint a director of special education and standards and shall make regulations to carry out the purpose of this act." (Section 1, Chapter 355, approved June 24, 1921.)

Illinois: "The Superintendent of Public Instruction shall appoint a director of classes for specially handicapped children who shall assist school authorities in the classification of these special types and their organization into classes suitable to their handicaps in those localities in Illinois where such special facilities are not now available." (Section 6, Senate Bill 448, approved June 25, 1923.)

Wisconsin: "The state superintendent of public instruction shall appoint in his department * * * two persons of suitable training and experience who shall have general supervision of such classes and who shall give special attention to examining, testing, and classifying the pupils applying for admission to such special classes and perform such other duties as the state superintendent may direct. Such supervisor shall be exempt from the provisions of sections 16.01 to 16.29, inclusive, of the statutes." (Subsection (3) of Section 41.035 as amended May 27, 1921.)

Wyoming: See Section 3 of Chapter 41 of Laws of 1919, quoted relative to examination of children (page 539).

Whenever a state department has been charged with the supervision of the training offered in special classes in the public schools, with the supervision of the teachers employed, and with the administration of state aid for such special classes, it has become responsible for a large new field of special activities for the effective management of which a specialist in this field of training is required. Such statutory provisions are best carried out when a director of special classes in the office of the state superintendent of public instruction is put in charge of the work.

Such organization has been effected without statutory provision in New York, Minnesota, Pennsylvania, Washington, and the District of Columbia. In some states this work falls into the province of an assistant superintendent of education, a director of elementary education, or an inspector of schools. Under whatever auspices or name such a division or department is organized, it may be safely inferred, from examination of the results, that it has served as a distinct stimulus to the organization of special classes for mentally handicapped children.

GENERAL DELEGATIONS OF POWERS RELATIVE TO SPECIAL CLASSES TO STATE DEPARTMENTS OF EDUCATION

Minnesota: "The courses and methods of instruction must comply with such requirements as may be outlined by the state board of education."

Special classes and schools for mental subnormal children "shall be under the control of the commissioner of education". (From Sections 1 and 4, Chapter 194, Laws 1915, amended in 1919 and 1921.)

Missouri: "The state superintendent of public schools is hereby authorized to inspect and approve all special classes established under the provisions of sections 11147 and 11148."

"Such [state] aid shall not be granted for any teacher who has not been especially trained for work in such classes."

"The state superintendent shall require such reports as he may desire from each of these special classes." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

Pennsylvania: The State Superintendent of Public Instruction shall superintend the organization of such classes and shall enforce the provisions of this act. (Section 1413, as amended July 22, 1919.)

Massachusetts law provides for the "establishment of special classes under regulations prescribed by the department".

In New York the state commissioner of education must pass upon the qualifications of teachers of special classes, and upon him falls the duty of apportioning to school districts the state aid afforded them for special classes under the Antin-Cole Law of 1923.

In Wisconsin the authority to permit boards of education to establish special classes reposes in the state superintendent.

In Connecticut the state board of education is required to make regulations to carry out the purposes of the special-class act.

Wyoming puts upon the state board of education the entire responsibility for the education and training and, when necessary, the support and maintenance of defective children.

EXAMINATION OR APPROVAL OF SPECIAL-CLASS TEACHERS AND COURSES OF STUDY IN SPECIAL CLASSES AND SCHOOLS BY STATE SUPERINTENDENT OF EDUCATION

Louisiana: "The courses of study to be pursued in such special classes or schools shall be approved by the State Board of Education." (Section 5, Act No. 74, approved July 6, 1920.)

Minnesota: The "appointment and the qualification [of special-class teachers] shall be approved by the commissioner of education". (From Section 4, Chapter 194, Laws 1915, amended in 1919 and 1921.)

Missouri: "The amount of special training [of teachers of special classes] shall be in accordance with the rules and regulations established by the state superintendent of public schools." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

Wisconsin: "The courses, qualifications of teachers, and plan of organizing and maintaining such special classes shall comply with such requirements as may be outlined by the state superintendent of

public instruction." (Subsection (2) of Section 41.035, approved July 6, 1917.)

The general powers delegated to state boards of education, outlined in the previous sections, give over the approval of the teachers employed for teaching in special classes to such state boards in Connecticut, Massachusetts, New York, Pennsylvania, and Wyoming.

SPECIAL STATE SCHOOL FUNDS FOR SPECIAL CLASSES

Louisiana: "The State Board of Education shall have authority to aid in the support of classes or schools as provided for in Section 1 of this Act, out of any available funds at its disposal." (Section 6, Act No. 74, approved July 6, 1920.)

Minnesota: "There shall be paid out of the current school funds in the state treasury annually in the month of July to the treasurer of the school district maintaining a school or schools for mental subnormal children the sum of one hundred dollars ($100) for each mental subnormal child instructed in such school or schools having an annual session of at least nine months during the year next preceding the first day of July." (From Section 4, Chapter 194, Laws 1915, as amended in 1919 and 1921.)

Missouri: "Each school district maintaining special classes as provided for in the aforesaid sections, shall, when these classes have been approved by the state superintendent of public schools, receive state aid to the amount of seven hundred fifty dollars ($750) per annum for each teacher employed wholly in the instruction of the pupils of the aforesaid classes * * * provided the amount of state aid granted on account of any teacher shall in no case exceed two-thirds of the salary paid such teacher by the local board." (From Section 11149, approved April 2, 1921, amending a statute of 1919.)

"School districts may establish special classes for twenty or more children who, while not feebleminded, are on the border line of mental deficiency, or as so backward in intelligence as to be incapable of receiving proper benefit from the instruction in the regular grades, and shall receive state aid to the amount of three hundred dollars ($300) per annum for each teacher wholly employed in the instruction of such pupils, provided the teachers have been especially trained for the work and the classes approved in accordance with Section 11149." (Section 11150 b, approved April 2, 1921, amending a statute of 1919.)

New York: "If the board of education of a city or union free school district establishes one or more special classes for the instruction of children who are three years or more retarded in mental development, as provided in this article, and shall employ one or more teachers for the instruction thereof, the commissioner of education shall apportion to such city or district, in the same manner as teachers' quotas

are apportioned thereto, an amount equal to one-half the salary paid to each of such teachers, but not to exceed one thousand dollars for each teacher so employed. No such apportionment shall be made on account of a teacher so employed unless there shall have been issued to such teacher by the commissioner of education a certificate authorizing such teacher to teach such special classes or unless such teacher shall possess the qualifications prescribed by the commissioner of education." (§ 579–a, Chapter 395, approved May 21, 1923.)

Pennsylvania: "On or before the first day of October of each year, the president and secretary of each board of school directors shall report to the proper county or district superintendent the amount expended by the district in the preceding school year for instruction in such classes or such schools or for such instruction outside the public schools of the district. On or before the first day of November of each year, the said county or district superintendent shall make to the Superintendent of Public Instruction, on blanks to be furnished by him, tabulated returns by districts of the amounts so expended for instruction in special classes or special schools within the school district or in the provision of special instruction outside the public schools of the district. There shall be paid to each district by order on the State Treasurer, signed by the Superintendent of Public Instruction, from funds to be appropriated by the Legislature for the purpose, an amount equal to one-half the total expense incurred by said district for instruction in such special classes and special public schools and in the provision of such special instruction outside the public schools of the district." (Section 1413, amendment of July 22, 1919, P. L. 1090.)

Wisconsin: "Upon the receipt of such report [from a board of education maintaining a special class] if it shall appear that the special class or classes have been taught by qualified teachers and in every respect maintained in accordance with the requirements governing such special classes, the state superintendent shall certify to the secretary of state, as due each board of education maintaining such special classes, a sum equal to one-third the amount expended for salaries of teachers of such special classes, provided such sum shall not exceed three hundred dollars per year for each of said teachers; provided further, that in case the average attendance of any such special class shall be less than the minimum attendance required by the regulations governing such classes, the state superintendent may in his discretion apportion a sum which shall bear the same relation to the apportionment hereinbefore provided as the average daily attendance bears to the required minimum attendance. Upon receiving such certificate, the secretary of state shall draw his warrant, payable to the treasurer of the school board maintaining such classes, for the amount specified in such certificate." (Subsection (5) of Section 41.035, approved July 6, 1917.)

Specific provisions for state aid of special classes by states may be summarized as follows:

Minnesota: $100 per mentally subnormal child attending special classes for at least nine months.

Missouri: $750 per teacher of special classes, not to exceed two-thirds of the salary of such teacher. Also $300 per teacher of classes of 20 or more border-line and backward children.

New York: One-half the salary of each special-class teacher, not to exceed $1,000 per teacher.

Pennsylvania: One-half the total expense of every special class.

Wisconsin: One-third the salary of the special-class teacher, not to exceed $300 for any one teacher.

CONCLUSIONS

I. Michigan and Rhode Island are conspicuous, among the states that have the best developed facilities for the special training of mentally handicapped children, by the entire absence from their statute books of laws bearing upon this subject. We may assume, therefore, that with the constitutions under which some states operate, there is no necessity for action of the legislature to permit the establishment of special classes.

In fact, local school boards generally possess the power and the duty of arranging for the best possible training of all children of school age in their districts. In most states where mandatory provisions have been made by statute for the organization of special classes in the public schools, such classes have already existed in some cities of these states some years prior to the enactment of such laws.

The statutory requirement that special classes shall be established in every school district in the state in which there is a certain minimal number of mentally handicapped children of school age frequently is associated with a provision for state aid for such classes. Such statute commonly further sets out requirements concerning the necessary professional training of teachers and the maximum number of pupils to be assigned to each special class. In Massachusetts the mandate to establish special classes is preceded by provision for the clinical examination of problem children "under regulations prescribed by the department and the commissioner of mental diseases". There is no other provision for state aid of such special classes in Massachusetts.

II. Statutory definition of the sort of child for whom

special classes are designed varies from the "feebleminded who are yet capable of instruction" of Missouri to those who are three or more years retarded or below normal of Massachusetts, New Jersey, and New York. In the statutes of Connecticut and Oregon these children are designated as "educationally exceptional". Under this designation Connecticut includes all children over four and under sixteen years of age who are incapable, because of mental or physical handicap, of receiving proper benefit from ordinary instruction. Oregon includes all children from six to seventeen years old who are not receiving proper benefit from ordinary instruction, either because of exceptionally keen mental qualities or because of mental or physical handicap. Utah and Illinois include those in danger of becoming delinquent. Illinois also specifically includes psychopathic and psychoneurotic children.

It is clear that all these children present problems of adjustment. The special class is made small (from 15 to 18) so that the training may be largely individual and specifically adapted to the needs of each child. Very rarely indeed are superior and handicapped children placed in the same adjustment room. When they are so placed together, it can only be for study and for absolutely individual instruction and report of progress. "Nervous" children, as a class, do not require the same sort of special-class facilities as do children who are retarded on account of mental defect. Children whose handicaps consist of slow development and curtailed capacity for the utilization of ordinary school instruction require abundant opportunity for habit training and for the learning of manual arts.

Statutes should provide for the clinical study and adjustment in training of all children who are seemingly incapable of receiving proper training by the ordinary instructional methods of the school. This would include all who need special training—the feebleminded, the subnormal, the border line, the psychopathic, the psychoneurotic, and those who exhibit behavior problems. All these are problems for the school. For their solution the school needs the help of mental medicine or medical psychology. In other words, the

school needs the aid of a clinical staff in effecting adjustments for all such problem children.

III. State statutes bearing upon special classes exhibit a great variety of procedure in respect to provision for the examination of problem children. A statute like that of Missouri leaves the duty of enumeration strictly with the local school board. There is no hint even of regulation or help to be afforded by the state board of education. Missouri stands twenty-third in our list of states ranked in order of incidence of facility for special-class training. (See table, pages 552–55.)

Wisconsin law places the duty of examining, testing, and classifying problem children upon the state supervisor of special classes, under the state superintendent of public instruction. Statutory limitation of the salary of this director is placed at $2,000. Wisconsin ranks twenty-first in the list.

Pennsylvania provides for the examination of problem children by the medical examiner of the school district. Pennsylvania ranks sixteenth in the list.

Connecticut puts the duty of making regulations requiring the enumeration of educationally exceptional children upon the state board of education. Connecticut ranks eighth in the list.

In New York the local board of education is required to enumerate under regulations of the state commissioner of education. New York ranks sixth in the list.

Wyoming provides that the state board may employ an educational or a medical expert to make tests and diagnoses. A specialist in this field of education has been employed several years. Wyoming ranks first in the list.

In Massachusetts the school committee is required to ascertain the number of children three years or more retarded under regulations prescribed by the department [of education] and the commissioner of mental diseases. Massachusetts ranks second in the list, having over 4,000 children in 53 different school districts in special classes.

New Jersey, Oregon, and Utah, ranking, respectively, fifth, eighteenth, and thirty-fifth in the above mentioned list, emphasize organization by counties or cities of facilities for

the examination of problem children. Departments of research and guidance or of child study are provided for in the statutes of these states.

IV. and V. Of the four states that explicitly provide state direction (Connecticut, Illinois, Wisconsin, and Wyoming) Wyoming, with her sparse population and energetic organization, takes first rank in the development of special-class facilities. Connecticut has the oldest statute of the four and occupies the eighth place in the above mentioned rank list.

Similar state organization under supervision of a director in the state department has been effected in Minnesota, New York, Pennsylvania, and Washington, and the District of Columbia has a director of special classes. All of these states rank in the upper half of the list. In Minnesota, ranking seventh in the list, the progress in special-class organization is closely connected with the completeness of the control given by statute to the state board of education in the matter of courses of study, methods of instruction, and organization of the classes themselves. Strong statutory regulations bind in the special classes of the state with their state departments of education in five of the first eight in the above mentioned rank list.

In Michigan and the District of Columbia no statutory regulations were found in 1923. New Jersey law emphasizes the importance of local facilities for the examination of children and for the organization of special classes. This feature of the New Jersey plan is probably responsible for the excellent showing of the state. New Jersey ranks fifth, having over 3,000 children in special classes in 53 different school districts.

VI. The laws of nine different states provide that state departments of education shall regulate the courses of study in special classes and shall approve of the teachers employed for these classes. In some cases this provision is explicitly stated, in others it is only implied. These states rank in our list as follows: Wyoming, first; Massachusetts, second; New York, sixth; Minnesota, seventh; Connecticut, eighth; Pennsylvania, sixteenth; Wisconsin, twenty-first; Missouri, twenty-third; and Louisiana, thirty-sixth.

This list includes five of the first eight in the rank list.

The District of Columbia, Michigan, and New Jersey, ranking third, fourth, and fifth, make no provision for this other than local supervision in these matters.

In Pennsylvania, Wisconsin, Missouri, and Louisiana this feature of the law has had little effect, for they rank much lower than Michigan and New Jersey, which had no statutory regulations in this field.

VII. In regard to special aid from the state for the support of special classes for mentally handicapped children, it is to be noted that in no one of the four states that rank highest in the incidence of special-class opportunities (Wyoming, Massachusetts, Michigan, and New Jersey) or in the District of Columbia, was any provision for special state aid to be found.

New York comes sixth in the list according to our figures for 1922–23, having 58 pupils in special classes for every 10,000 school children from seven to fifteen years old. In that year there was no special state aid for special classes. The Antin-Cole bill was approved May 21, 1923.

Minnesota is the only state ranking high in the list that has offered state aid to special classes for some years. It will be noted also that the state aid in Minnesota is the most liberal offered by any state.

All other states that offer state aid for special classes make poor showings in the incidence of special-class facilities. In Missouri, Pennsylvania, and Wisconsin, these offers of aid are specific, of considerable amounts, and have been standing for some years.

If state aid were the only requisite, or indeed the chief requisite, for securing the organization of special classes, these states would stand higher in our rank list. It is clear that offers of state aid are not the only determinants of special-class organization. The question is raised seriously by these facts as to how vital a determinant state aid is in securing the organization of special classes for mentally handicapped children.

Bearing in mind the recent date of many of these statutory regulations relating to special classes, and also the anticipation of such state regulations in the practice of many cities, it appears that general statutes which place the whole subject

of the special training of mentally handicapped children under the special care of the state department of education definitely stimulate the organization of such special training facilities. A study of the table which brings together statutory regulations and the incidence of such facilities, by states, seems to bear out this view. Especially does this hold of rural districts and the smaller cities. On this latter point evidence is to be gathered by a study of the column in the table giving the numbers of school districts in each state that have such special classes or schools.

It seems probable, from a study of these results, that the most urgent need in the smaller school districts, as regards special training facilities for mentally handicapped children, is not primarily for funds furnished from outside the district. These districts need most (1) facilities for expert supervision of their special-class activities by specially trained teachers who understand the needs of mentally handicapped children, and (2) facilities for the careful study of the needs of all problem children, individually, by psychologists, psychiatric social workers, psychiatrists, and other physicians who can analyze their difficulties from the point of view of mental health and general health and can help as consultants to point the way to the most effective training.

Wherever and whenever proper steps have been taken to secure adequate clinical service for the schools, so that the nature of the problem presented by each problem child has been understood, the first step, and the step of primary importance, has been taken toward the organization of special classes for mentally handicapped children. Until proper provision has been made for the diagnosis of personality difficulties and other mental handicaps among the problem children of a school, there can be little prospect of successfully organizing educational facilities to meet the developmental needs of these children. We must understand why a child fails to develop naturally and normally before we can bring aid to the processes of nature, which is what the special class aims to do. The teacher of such a class cannot set about her special training work until each problem in her class has been clearly defined. This definition of problems

is not educational work; it is medico-psychological and belongs to a clinic.

The next step, in order of importance and chronologically, consists in provision for the proper supervision of special classes by trained specialists in this particular field of education, by cities and by states. It is important that only teachers who are properly trained for the work shall be selected for teaching such classes, and that the training course for the children shall be organized properly to meet and to overcome the special handicaps of each child who is placed in such a special class.

When these two classes of aid shall have been furnished to the smaller school districts in a state, there will be less need than at present for state support of the special class. The district will be able to find the means to operate a special class when they have been clearly shown that many of the problems of the schools can be successfully met only by classes for the special training of mentally handicapped children.

STATES AND DISTRICT OF COLUMBIA IN ORDER OF PREVALENCE OF SPECIAL-PROVISIONS RELATING

State	State law requires or permits local boards of education to maintain special classes	Statutes designate and define children for special training	State law makes general provision for examination as well as for enumeration of children for special classes	Statutes provide directly or indirectly for a state director of special classes
Wyoming	X		X	X
Massachusetts	X	X	X	
District of Columbia				
Michigan				
New Jersey	X	X	X	
New York	X	X	X	
Minnesota	X			
Connecticut	X	X	X	X
Rhode Island				
California	X			
Ohio				
Colorado				
Illinois	X	X	X	X
Maryland				
New Hampshire				
Pennsylvania	X	X	X	
Washington				
Oregon	X	X	X	
Nebraska				
Indiana				
Wisconsin	X		X	X
Arizona				
Missouri	X	X		
Virginia				
Iowa				
Delaware				
Kentucky				

CLASS TRAINING FACILITIES IN PUBLIC SCHOOLS (1923), WITH STATUTORY TO SPECIAL CLASSES *

Statutes give general care of organization and inspection of special classes to state department of education	*Law provides state superintendent of education shall approve the qualifications of teachers of special classes*	*Law provides specific state support for properly organized special classes*	*Number of cities and other school districts reporting special classes*	*Reported enrollment in special classes*	*Per cent of all seven- to fifteen-year-old children enrolled in special classes*
X			9	269	0.78
X			53	4,350	0.74
			1	345	0.65
			13	3,964	0.66
			53	3,101	0.59
X	X	X	64	9,212	0.58
X	X	X	42	2,241	0.55
X			22	1,104	0.50
			3	462	0.50
			8	2,370	0.48
			19	3,428	0.37
			2	526	0.32
			14	3,041	0.29
			1	650	0.28
			5	185	0.28
X	X	X	31	4,111	0.27
			5	591	0.27
			4	320	0.25
			4	446	0.19
			12	883	0.18
X	X	X	25	801	0.18
			1	82	0.14
X	X	X	2	814	0.14
			3	574	0.13
			8	462	0.11
			1	25	0.07
			3	331	0.07

* The existence of statutory provision is indicated by an X.

STATES AND DISTRICT OF COLUMBIA IN ORDER OF PREVALENCE OF SPECIAL-PROVISIONS RELATING TO

State	State law requires or permits local boards of education to maintain special classes	Statutes designate and define children for special training	State law makes general provision for examination as well as for enumeration of children for special classes	Statutes provide directly or indirectly for a state director of special classes
Vermont				
Kansas				
West Virginia				
Georgia				
South Carolina				
Florida				
North Carolina				
Utah	X	X	X	
Louisiana	X			
Montana				
Texas				

CLASS TRAINING FACILITIES IN PUBLIC SCHOOLS (1923), WITH STATUTORY SPECIAL CLASSES *—*Concluded*

Statutes give general care of organization and inspection of special classes to state department of education	*Law provides state superintendent of education shall approve the qualifications of teachers of special classes*	*Law provides specific state support for properly organized special classes*	*Number of cities and other school districts reporting special classes*	*Reported enrollment in special classes*	*Per cent of all seven- to fifteen-year-old children enrolled in special classes*
			2	43	0.07
			4	190	0.06
			2	139	0.04
			1	165	0.03
			3	122	0.03
			1	36	0.02
			4	128	0.02
			1	20	0.02
			1	50	0.01
			1	16	0.01
			2	122	0.01

* The existence of statutory provision is indicated by an X.

THE FUNCTION OF THE SPECIAL CLASS IN THE PUBLIC SCHOOL

ETHEL L. CORNELL, PH.D.

Psychologist, Educational Measurements Bureau, New York State Education Department

THERE are, in various public-school systems, special classes for a great variety of children who are exceptional in many different directions. There are special classes for children with impaired vision, with impaired hearing, for blind, deaf, crippled, cardiac, pre-tuberculous, undernourished bright, dull, and mentally subnormal children. For all except the last, it is not difficult to find an appropriate designation. But because of the stigma commonly attached to mental defect, a satisfactory designation for classes that care for mentally subnormal children has not been forthcoming. *Ungraded classes, opportunity classes, adjustment classes* have been variously applied and with varying meanings, so that there is no general uniformity. It, therefore, seems timely to select one type, perhaps the most widespread type, of special class and to discuss its educational possibilities.

The term *special class* will be used in this article to denote the type of class intended for children who are seriously retarded mentally. They are described in the education law of New York State and several other states as special classes for children "retarded three years or more in mental development". This has sometimes been mistakenly interpreted to mean children who are three years retarded in school progress—that is, who are three years behind the grade they should be in for their age or for the length of time they have been in school. Correctly interpreted, it of course means *mentally* retarded. The only way to determine this is by means of a careful individual examination, employing a standardized psychological test.

It is, of course, evident that a child who is seven years old and three years retarded mentally is a much more retarded child—a much more defective child—than a child of fourteen

who is three years retarded mentally. The intelligence quotient of the first would be 57 and of the second 80. This is one fact that has occasioned some confusion in the administration of such classes. Obviously, a very different educational program is necessary for the first child than for the second, not only in consideration of their chronological ages, but of their potential capacities for learning and for adjusting themselves successfully after leaving school. It is evident also that a child who is dull, but not defective may have serious damage done to his personality if he is segregated from normal children in a class with low-grade mental defectives known to the whole community to be "weak minded".

It is, therefore, necessary, for the successful administration of classes of this type, to delimit them before we can formulate any intelligent educational program for them. Where the limits should be set may depend to some extent on any given community. Problems vary according to economic and social conditions. The important thing is that the limits should be set, so that the educational problem may be clear-cut.

Doctors and social workers and psychologists, interested in the social welfare of children, but not in close contact with the details of educational administration, are prone to suggest special classes for many kinds of problem children who need special consideration in school. It is very easy to say that a child should be in a special class when one is thinking of an individual child who needs help. But whether the class that is available can give the kind of help that is needed is an equally important consideration. A class cannot function successfully unless it is a teachable and social unit. It is true that when the group is small, as it is in special classes, the actual teaching may be more or less individual; but for children who need this kind of training, it is also true that the social value arising out of group activities is of at least equal importance with the acquisition of academic fundamentals. This is impossible when children vary too widely in age, abilities, and interest. One reason why these children fail in ordinary classes is because of their feeling of isolation from the rest of the group. If they are placed in a special class that is too heterogeneous, they will not only feel the same isolation within the group, but the added isolation of being

segregated from the rest of the school. As a result of such a procedure, the difficulties of successful adjustment may become even greater than they were before.

It, therefore, seems necessary, if special classes for children seriously retarded in mental development are to be maintained, that the various problems involved be recognized more explicitly and the function of such classes better defined. This will not only make possible better administration of these classes, but will throw into relief the educational needs of other types of problem children.

In the New York State Department of Education, we are suggesting that special classes should be organized with the following ideas in mind: Usually, children with a mental age under 5 should not be recommended for a special class. If they are young children, they are too immature to adapt themselves to a group in doing any work that is of elementary-school grade. It is perfectly legitimate for a school to refuse to admit young children until their mental maturity is sufficient to do some school work. Sometimes children of six or seven years whose mental ages range around 4 can be taken care of in kindergarten for a year or two longer. Older children with mental ages under 5 are too defective to profit by public-school work and are of too low a grade of intelligence to be justifiably placed with children able to make a limited adjustment to school.

On the other hand, children with mental ages over 10 are ordinarily capable of doing more school work than most special classes give; they are in need of more definite training along vocational lines than can be given in the special class; and they can be more economically cared for in larger groups than the typical special class. It is true that they may be three years retarded mentally on the basis of their chronological age; but for children over thirteen years of age, chronological age is an uncertain criterion. Just when mental maturity is reached is not known, but the consensus of opinion is that it is not far from fourteen years. If the army statistics represent the facts for adults, a quarter of the population would have a mental age of less than 11½ years. It would be folly to suppose that a quarter of the children in school either

could or should be educated in special classes of fifteen children.[1]

Furthermore, it is not usually advisable to place children in a special class for the first time after they are fifteen years old. Children of this type almost always leave school at sixteen, and nothing much can be done for them by a short sojourn in a special class, composed largely of younger children.

There is another type of child who presents a serious school problem. Some children not far from normal in mental ability, and others perhaps dull, are unable to do school work successfully because of an emotional instability or other psychopathic traits. It is not denied that these children need special help, but their presence in a special class for subnormal children only complicates the problem. They need different educational treatment from that given to subnormal children.

The special class as we are trying to delimit it, then, is a group of fifteen children, none of whom will have mental ages below 5 or above 10. Their physical ages will range from about eight to fifteen. Their capacity for learning will be represented by I.Q.'s from 50 to 75, with a few ranging between 75 and 80. Their school achievement will vary from pre-primary work to average fourth-grade work, with a few children doing a few things of fifth-grade quality. Their manual activities will vary more widely. Most of them will be able to do some paper cutting and pasting and most will be able to use a coping saw. Some of them will be able to do almost as well in a wood-working shop as other children of their age. Tests of mental ability that permit the subject to deal with actual material—to think in terms of concrete situations rather than with verbal symbols—show that children who are badly retarded in their ability to do formal school work are often much less below average, and sometimes not at all below, in performing other types of work.

With limits of this sort, the special class can do certain specific things. As regards academic work, it can make the essentials of the first four grades more practicable and usable for children who will not be able before they leave school to

[1] Fifteen is the legal limit for such classes in New York and many other states.

comprehend work of greater difficulty than this. From the point of view of prognosis, this means that we are concerned in general with children whose I.Q.'s are less than 75; because, if a child's I.Q. remains approximately the same as he grows older, children with I.Q.'s over 75 will, before they are sixteen, have ability to do more than fourth-grade work. Of course it does not mean that all children, when they leave the special class, will have completed fourth-grade work; it means that fourth-grade work is about as high as any of them will go.

As regards manual work, the special class can give training directed toward a general improvement of motor coördination to children who need it. It can teach some specific things commonly needed or frequently useful later, such as various household tasks for girls or simple repairing for boys. It can give a wide variety of manual work that may be helpful for more specialized work later; but it does not, except where there is a large organization with segregated classes of older children, ordinarily give pre-vocational work.

One of the main possibilities of the special class is the training it can give in the way of establishing proper attitudes toward work and proper habits of industry, and in building up the morale of children who have failed by giving them tangible evidences of success. Another important achievement of the special class is the improvement of personal habits—the establishment of habits of cleanliness, orderliness, courtesy, appreciation of the rights of others, and the like. At the same time, the school has the child for only a few hours each day, and it cannot expect to change the home environment or to care for those who need institutional supervision.

This kind of special class has a specific purpose and can attain it only when that purpose is kept in mind in assigning children to it. It is not a dumping ground for all the problem children in school. It is not a sort of pedagogical hell to be held as a threat over the heads of delinquent children. It is not a miniature institution for the feebleminded. On the contrary, it is a means of aiding in the adjustment of children who can profit to a very limited extent by ordinary school work, but who nevertheless are usually able to maintain themselves independently in the community when they leave school.

VOCATIONAL ASPECTS OF PSYCHIATRIC SOCIAL WORK*

FOREWORD

In selecting a vocation, one may reasonably interest himself in three aspects of any field that he may have under consideration:

1. The congeniality of its subject matter.
2. The challenge that it makes to his powers.
3. Its compensations.

In a series of monographs, the American Association of Social Workers has undertaken to present to those who are seeking vocational advice the claims of professional social case-work. Social work is one of the newer vocations. It cannot at present be rigidly defined. Its distinctive vocational resources are less substantial than those of some older professions and its status as a profession in the making has not always been generally recognized. It has, however, a history that entitles it to recognition, it has a specific contribution which is valued for its own sake, and it is developing toward a position of stability and a professional status earned by the achievement and the scientific equipment of its practitioners. It carries the lure of pioneering, offers the scientific attraction of uncrystallized traditions and precedents, and promises, upon a foundation of actual achievement, rapid development along the lines of the foregoing three criteria.

The Subject Matter of Social Case-work

Social case-work deals with human beings who have found difficulty in the conditions of social life in making their way

* This is the first of a series of monographs prepared at the suggestion of the American Association of Social Workers with the object of presenting the vocational aspects of various types of social work. The monographs were compiled by committees appointed from the workers in the several fields and were edited by Mr. Porter R. Lee, of the New York School of Social Work, whose foreword to the series is published here. The committee responsible for the present monograph consists of the following members of the Section on Psychiatric Social Work of the American Association of Hospital Social Workers: June F. Lyday, chairman; Marie L. Donohue; Mary C. Jarrett; Katherine F. Moore; Kathleen Ormsby; Christine C. Robb; and Maida H. Solomon.

to acceptable organization of existence. The standards of our civilization do not demand that a man be completely self-sufficient. They demand only that he be able to secure for himself or his family the combination of opportunities, services, and expert advice with whose assistance he can work out what will be for him an acceptable organization of existence. When he succeeds in doing so, he is a self-maintaining individual. Self-maintenance is the product of a reasonably adequate human equipment adjusting itself to a reasonably favorable environment. There is no formula by which one can determine either a reasonably adequate human equipment or a reasonably favorable environment. Self-maintenance does not depend upon any such formula. Those who fail in self-maintenance present all degrees of human equipment and they are living in all varieties of social environment. Failure means nothing except that for a particular combination of circumstances representing an environment a particular human equipment is inadequate, or that for a particular human equipment a particular combination of environmental circumstances is unfavorable.

The chief objective of social case-work is to assist individuals who need such service to achieve what may be for them as complete a measure of self-maintenance as possible. This objective might be itemized as an attempt to develop within the individual his fullest capacity for self-maintenance and at the same time to assist him in establishing for himself an environment which will be as favorable as may be to his powers and limitations.

Failure in self-maintenance presents itself in many forms. One may be unequal to the task of earning a living, one may be unequal to his responsibilities as a parent, student, employer, employee, or teacher. One may be incapacitated through sickness, helpless through lack of adult supervision, unable to withstand temptation, injuriously affected by the ordinary experiences of life. Failure does not necessarily imply fault. A large part of social case-work is concerned with children who are not receiving the kind of care that for them is necessary to self-maintenance, as the term is used here, and to which the present standards of society entitle them. If any one or a combination of these and other factors prevent one

from achieving an acceptable adjustment to life and its demands, there may be evidence of a greater or less degree of self-maintenance. The organizations through which social case-work is carried on deal with human beings presenting problems such as these or others like them.

These are not new problems in the history of mankind. They were not discovered by social case-work. They have been through centuries the concern of the charitable and the benevolent, of the clergy and the medical profession. The contribution of social case-work has been a contribution to a more profound understanding of their origin and implications, to the development of more far-reaching methods of studying and dealing with them, and to a better correlation of the human services of all kinds which are helpful to an individual who is struggling with them. Social case-work, in other words, has become both a well-established form of expert service to human beings who have failed in the task of self-maintenance, and an important ally of other services such as medicine, education, and the administration of justice which also deal with these human difficulties from different points of view.

The Distinctive Character of Social Case-work

What does a professional practitioner face to face with a patient or a client need to know about him? In general, he needs to know everything that will explain the predicament of his client and everything that could be used to help him out of it. The scope of the knowledge necessary to the successful treatment of individuals varies among the different professions. It varies according to the type of problem with which the profession concerns itself, and it varies also according to the extent of relevant scientific knowledge upon which the professional practitioner can draw.

Every profession goes back to a time when its practitioners had no accumulation of scientific knowledge upon which to draw, to a time when they were dependent solely upon the experience which was a common possession of the race. The history of all professions is from one point of view a history of a growing body of knowledge, a growing assortment of

methods and procedures, all of which must be mastered by those who wished to practice the profession successfully. It is the development of this growing body of knowledge and this increasing assortment of methods and procedures that marks off the members of a profession in the making from their fellow men. To the human difficulties that are brought them for treatment, they begin to bring not merely the experience which is the common possession of the race, but certain knowledge, certain habits of mind, certain methods of work, which enable them to understand, to explain, and to deal helpfully with such difficulties to a degree not possible for those who have not so equipped themselves.

While the difficulties that beset human beings, therefore, are not new, our understanding of them and the scope of our ability to deal with them are in many ways new. With respect to sickness and some other difficulties, this needs no demonstration. We accept without question the fact of a greater degree of expertness on the part of physicians in the treatment of sickness than a layman can be expected to have. It is not so generally recognized that with the other familiar difficulties, such as conduct, family compatibility, foster-home relationships, lack of progress in school, and failure in economic independence, expert service is possible. We are much more likely to assume that these are difficulties which can be handled through the use of such equipment as is possessed by an ordinarily intelligent human being.

The fact is, however, that out of our experience of dealing with such difficulties in organized fashion through schools, medical practice, and social agencies, it has been clearly established that the development of human knowledge and experience enables us to bring to bear upon such difficulties a greater degree of insight, a more authoritative understanding, and more far-reaching methods of treatment than the ability and experience of even the most intelligent laymen can provide. The knowledge and facility in action that constitute this relatively new form of expertness have been developed partly by educators, partly by the medical profession in general, partly by psychiatry, and, over a wider area, by social case-work.

We have stated that a professional practitioner face to face with a client needs to know concerning such a client everything that will explain his predicament and everything that could be used to help him out. With reference to the problem of self-maintenance, social case-work has developed a substantial body of knowledge and a wide range of methods and procedures for putting it into effect in individual cases. Neither this knowledge nor these procedures are in the aggregate as substantial as the knowledge of the procedures used by some of the older professions. They are, however, increasing both in substance and the precision with which they can be used.

In developing an increasingly profound understanding of the difficulties that beset human beings in its field, social case-work has developed and appropriated certain kinds of knowledge which are indispensable in its practice. They include, among other things, a knowledge of psychology, which explains the mental make-up of an individual and its functioning in the circumstances under which he has lived; a knowledge of the various phases of social environment which exert a more or less persistent influence upon human beings, such as the family as an institution, the school and its routine, industry, the enforcement of law, and so forth; a knowledge of the resources of a community in terms of law, agencies, and special services that can be used effectively by an individual in solving his problem of self-maintenance.

It is possible to describe the processes of social case-work as covering the assembling of data, diagnosis, and treatment. Each of these phases calls for a considerable degree of skill and the use of a wide range of specialized knowledge. In applying this procedure, every case-worker finds himself using certain processes in which, if he is to achieve his professional objectives, he must develop a considerable degree of skill. Among these may be mentioned interviewing, diagnosis—which is the interpretation of assembled data in terms that make effective treatment possible—leadership as the capacity to establish and maintain a helpful, purposeful relationship with another person, and the organization through an effective plan of several different forms of service.

Organization of Social Case-work

Social case-work with few exceptions is practiced through organizations. Among the types of social case-work, each with its typical organization, are the following:

Child welfare
Family welfare
Medical social service
Probation and parole
Protective work
Psychiatric social work
Visiting teaching

The practice of social case-work on an individual basis, as medicine is largely practiced, has not yet developed to any extent.

As will be apparent to those who study this whole series of monographs, the different forms of social case-work confine themselves to different phases of the whole problem of self-maintenance. Specialization in this sense makes necessary variations in the approach of different forms of case-work to their distinctive problems and to some extent variations also in methods of work. These variations, however, are, from the point of view of the skill of the social case-worker, of much less significance than the common body of knowledge and methods that distinguish the skill of a social case-worker from the skill of other professional practitioners.

It is true that, until recent years, the differences among the various forms of social case-work have seemed to be more significant than their common foundation. The most important evidence, however, that social case-work is achieving a professional status is the fact that the scientific and technical foundation common to its various forms has steadily increased. At the present time, the differences between the various forms of social case-work are more largely administrative than professional. That is to say, the different forms of social case-work are handled by different agencies chiefly to permit more economical and more efficient organization of service. Whatever may be its future development, it is at present more efficient, in the larger communities at any rate, to maintain separate organizations for different types of social case-work, even though fundamentally the

objectives and the fundamental characteristics of these different forms of social case-work are much the same. This differentiation of organization permits a concentration upon particular forms of human difficulty, such as the need for foster homes, probation, the development of self-maintenance in families, mental problems, and so forth. Furthermore, to a considerable extent social case-work is now practiced in association with other professional services. It is a part of the medical program of a hospital; it is a part of the service of a psychiatric clinic; it is incorporated into the program of the school; it may be an important part of the work of a court. These are specialized forms of social case-work as it is administered; but they present fundamentally the same general purposes and technique.

It is important for the person who is considering social case-work as a vocation that he recognize the significance both of its common foundation and of the variations in its administrative types. The first determines to a large extent the challenge that social case-work makes to the powers of its practitioners. In so far as social case-work has developed a scientific character, it is apparent chiefly in its common foundation. The second offers the prospective student a basis for determining the congeniality of the varied subject matter with which social case-work deals. At the present time, there is relatively free interchange between the fields of social case-work; that is to say, it is, within limits, easy for a worker with successful experience in one field to transfer to a position of responsibility in another. This is, so far as it goes, an evidence of the common foundation of all forms of social case-work, and it undoubtedly strengthens the appeal of social case-work as a vocation. As will be clear from a study of these monographs, this facility of transferring among the different fields is true only within limits. The administrative requirements of the different fields of social case-work require different degrees of familiarity with different kinds of subject matter—psychiatry for psychiatric social work, medicine for hospital social service, and so forth. Some parts of this subject matter are more easily acquired than others. In spite of this limitation, however, it is the growing conviction of social case-workers that the specialized knowledge of

the different fields plays in the equipment of the case-worker a relatively less important part than the knowledge which is necessary to them all.

The Purpose of These Monographs

Each of the monographs in this series will present the opportunities, the requirements, and the compensations of a particular field. The first to be published covers the field of psychiatric social work. As will be apparent to the reader, psychiatric social work is one of the newer fields. It is already well-established and at present the demand for qualified workers exceeds the supply. Its appearance has not only widened the area of professional social case-work, but it has made a most important contribution to the field in its revelation of a new understanding of human personality and new ways of treating its difficulties. The reader is referred to the monograph itself for information regarding the opportunities, necessary training, and compensations of this field.

PORTER R. LEE.

PART I

GENERAL PRESENTATION

DEFINITION

Within the last ten or fifteen years a new branch of social work has been developed known as psychiatric social work, which offers interesting vocational opportunities to the college graduate with special training. A consideration of its professional aspects should be preceded by a general study of the field of social work and its chief divisions—social case-work, social group work, and community organization—each of which has various subdivisions. Psychiatric social work is the branch of social case-work that deals with cases of social maladjustment in which a mental factor or a behavior problem is of primary importance. All social cases have a psychological aspect, but psychiatric social work is concerned particularly with those in which the mental problems predominate and require attention by specially trained persons, and it is carried on in close association with psychiatrists,

physicians who are specialists in mental disorders and in mental hygiene. Because of the many relationships between an individual's social situation and his mental concepts and between his mental life and his social behavior, a consideration of social factors is important in most mental difficulties, and the social worker brings to the psychiatric problem her special skill in evaluating social data and in effecting environmental adjustments. The wide range between the social problems that arise in connection with acute mental disorders and those involved in mild personality maladjustments and faulty childhood habits results in a considerable divergence in emphasis in various psychiatric-social-work positions. The aim of all psychiatric social work, however, is to contribute to the improvement of the individual's mental health and to assist him to make a better social adjustment.

The psychiatric social worker is a social case-worker who has had systematic instruction in the psychological factors underlying behavior and in the principles of physical and mental disease and their social aspects, and training in dealing with psychiatric cases. Her work is usually carried on in a clinic or hospital, the center from which the psychiatrist works and to which persons with mental problems come. She may also work to advantage in a social agency, a school, a court, an industrial plant, or any other institution that deals with individuals, provided that the service of a psychiatrist is available. Psychiatric social work is carried on under the auspices of various federal, state, county, and city boards, community organizations, and private foundations, and psychiatric social workers are also employed by psychiatrists for assistance in their private cases. In addition to practice, psychiatric social work affords many opportunities for furthering public education in mental hygiene and contributes through research to the better understanding of human personality and behavior.

METHODS

The functions of psychiatric social work are carried out, for the most part, by social-case-work methods of social examination or investigation, diagnosis, and treatment. The psychiatric social examination or investigation has as its

immediate end as complete an understanding as possible of the patient's personality and behavior. It approaches the problem from a developmental point of view, bringing together data concerning the individual's heredity, his physical and mental make-up, his social and material environment, the personalities in his family group and his reactions to them, from the time of his childhood to the present. His intellectual and emotional life is studied through his achievements and failures in school, business, and home, through his relationships to other individuals and to the community, and through his habits, tastes, beliefs, attitudes, and ambitions. Factors that suggest some abnormality in the individual are noted and the details of the present difficulty are carefully ascertained. These data are gathered by the social worker's usual technique of office interviews, correspondence, and visits, from such sources of information as the patient himself, relatives, friends, teachers, employers, doctors, social agencies, and official records of various kinds. Much of the material is elusive and difficult to verify and the psychiatric social worker is called upon to use considerable ingenuity in discovering clues and must scrutinize the evidence with great care. She must have a framework of knowledge of all the psychiatric possibilities of the case, and must collect and present the material in an objective way, excluding inferences and impressions.

After the social investigation has been completed, the material is recorded under various headings and is analyzed according to some scheme of classification which will clearly show the nature of the social problem and the possibilities in the situation. The psychiatric examination of the patient is made by the psychiatrist, under whose direction a physical examination and laboratory tests may be obtained, and psychological examinations are made by a psychologist. A conference or staff meeting is then usually held, at which the psychiatrist, psychologist, psychiatric social worker, and others who have a professional interest in the case present their findings for discussion by the group. In this way, all aspects of the case are given due consideration, each examiner has the benefit of the other's point of view and experience, and

the responsibility which each branch of the service is to assume in the treatment is clearly understood by all.

Social treatment in psychiatric social work, as in other forms of social work, means the supervision of the patient in the community in such a way as to bring about a better social adjustment for him. In some cases all that is possible may be the modification of the environment so that a fairly satisfactory social adaptation may be made for him in spite of his mental handicap. Wherever the outlook for improvement is at all favorable, however, the aim of both the social and psychiatric treatment is to bring about a change in the attitude of the patient himself, to replace undesirable mental habits by wholesome ones, to modify his conduct by a training of his emotions, and to give him insight into his difficulties, so that he may eventually overcome his disabilities and be able to make a satisfactory adjustment in any environment. The psychiatric social worker may supervise the patient directly or may work through some social agency or interested individual such as a teacher or relative who can be shown the nature of the problem and how to deal with it.

In addition to carrying out fully these processes of social case-work, the psychiatric social worker, depending upon the needs of the particular organization to which she is attached, may be called upon to render certain specific services to the patient which necessitate a psychiatric background, but do not involve responsibility for all aspects of the social problem, such as making psychiatric social investigations primarily as an aid to medical diagnosis, or arranging only for institutional care for the patient. She may also perform various administrative duties, such as the supervision of the routine management of the clinic and the medical follow-up service. (She should not, however, confuse such supplementary activities with undertakings of quite a different order, such as mental testing, occupational therapy, or group recreation, which require a different type of training altogether and are not a part of psychiatric social work.) The aims of psychiatric social work may also be furthered by research on psychiatric social problems, by mental-hygiene instruction to parents, social workers, and other community groups, and by

teaching courses in psychiatric social work and supervising students in training.

PERSONNEL

Personal Qualifications

It is generally agreed that the psychiatric social worker should possess those qualities that are required for any type of professional work, should be intelligent, alert, sympathetic, well poised, and adaptable, and should have an objective attitude, ability for clear analysis, and interest in experimentation. She should be in good physical and mental health, old enough to have a certain maturity in point of view and young enough to be flexible in her attitudes. She must be able to deal with all sorts of persons in a manner that wins confidence, recognizing the superior knowledge of her associates in the fields in which they have had special training, but possessing the initiative, independence, and vision to develop her own work to its highest potentialities. The very introspective or unstable individual attracted to the field because of her own personality difficulties or through morbid curiosity will not succeed until her own mental hygiene has been improved. The healthy-minded person, however, will not find the work depressing because it demands a constant use of her intelligence rather than a play of her emotions. Through her training and her association with the other professions, she soon acquires a scientific and professional approach to the problem at hand and finds psychiatric social work a very stabilizing form of case-work.

Training

Psychiatric social work requires such a specialized background of psychiatric and psychological knowledge, in addition to thorough training in sociology and the technique of social case-work, that entrance into the field is practically limited to those who have had graduate training courses in psychiatric social work in a recognized school of social work [1]

[1] There are only a few schools of social work in the country which have developed comprehensive training courses for psychiatric social workers. Among these may be mentioned the New York School of Social Work, 105 East 22d St., New York City; the Simmons College School for Social Work, 18 Somerset St., Boston; and the Smith College School for Social Work, Northampton, Massa-

and field work in centers where psychiatric examinations and treatment are carried on. An A.B. degree is usually required for admission to such schools and undergraduate majors in sociology and psychology and courses in biology, physiology, economics, and political science will be found helpful. The training courses cover from fourteen to eighteen months of academic work, and in some places may be taken by candidates for a master's degree. The theoretical work includes such courses as the theory of social case-work, the application of psychology to social problems, social psychiatry, the essentials of behavior, and the principles of physical and mental health. Field work is arranged in various centers, and occupies from one-fourth to two-thirds of the student's time. In some schools it is carried with the academic work and in others a number of consecutive months within the training period are devoted to it exclusively.

With the rapid development of any new field or work there is always a time when the demand for workers greatly exceeds the supply of trained personnel, and it is very important during such periods that there be no lowering of standards. Psychiatric social work has been fortunate in having good facilities for training ever since its beginning, and at the present time two wholesome trends may be seen—one the realization on the part of psychiatric social workers of their need for more knowledge, more background, longer and more advanced training courses, and the other the desire on the part of other social workers for an inclusion of psychiatric subjects in their training or for special courses later. To meet the general need of all social workers for more mental-hygiene knowledge, a number of short courses on psychiatric subjects have been organized in various centers, and courses in social psychiatry are now a part of the required work of all students at some schools of social work.

chusetts. Johns Hopkins University in Baltimore also gives a training course in psychiatric social work in its Department of Social Economics.

Tuition for the full training courses in psychiatric social work ranges from $155 to $350, in addition to which students must provide for their own maintenance while in training. Loans, repayable without interest, and a number of scholarships ranging from the amount of the tuition to $1,200, are offered under certain conditions to college graduates of promise and to experienced social workers who desire special training in mental hygiene.

POSITIONS AND SALARIES

The field of psychiatric social work is already so diversified that it affords opportunities for the selection of work and for further specialization, according to the individual's particular interest and ability. Some positions deal primarily with adults and others with children; the emphasis in some organizations is upon diagnosis and in others upon treatment; the problems in some are chiefly medical and in others largely social. Positions also vary in the opportunities offered for carrying on intensive case-work, executive work, community organization, extension work, teaching, or research.

The salaries[1] received by psychiatric social workers compare favorably with those received by social workers in other fields and conditions of work are generally very satisfactory. The demand for psychiatric social workers is greater than the supply and the trained worker has little difficulty in securing a position. It is rather hard, however, for workers in other branches of social work to transfer to this field without taking special training.

PROFESSIONAL OUTLOOK

The satisfaction of the psychiatric social worker in her work is deep rooted and arises from its scientific and experi-

[1] The National Committee for Mental Hygiene has secured the following information in regard to salaries of one hundred and ninety-six psychiatric social workers, which it considers representative of the whole group. Maintenance is estimated at $500 a year and is included in the salary at that amount when allowed.

		Number	Per cent
Group I	$4,000 and over	2	1.0
Group II	$3,000 and under $4,000	3	1.5
Group III	$2,500 and under $3,000	10	5.1
Group IV	$2,000 and under $2,500	63	32.1
Group V	$1,500 and under $2,000	85	43.4
Group VI	$1,200 and under $1,500	27	13.8
Group VII	Under $1,200	6	3.1

The salary for a beginning worker who has had full training at a school of social work averages from $1,500 to $1,800 with increases with experience and added responsibility. A few positions requiring organization of a community and working out new methods offer $3,000 or more to experienced trained psychiatric social workers, but the majority pay under $2,500 a year.

mental approach, its direct service to the patient, its relationship to the whole mental-hygiene movement, and its forward look. She has the advantage of starting out in the field of social work with the most up-to-date equipment available—the technique of social case-work, a certain amount of scientific knowledge about personality and human behavior, and an understanding of the principles of physical and mental hygiene. Her training in dealing with abnormal personalities under the direction of a psychiatrist gives her insight into the mental problems of other individuals and methods of approach that may be helpful in their solution. The interdependence of psychiatry, psychology, and psychiatric social work furnishes a constant stimulus to the improvement of the technique of social case-work, so that the psychiatric social worker may more adequately meet the responsibilities placed upon her in the field of mental hygiene.

The pioneer character of psychiatric social work constitutes one of its attractions to-day and also gives rise to certain limitations. It offers possibilities for the individual to do an outstanding piece of work that will be a contribution to the whole field; it also offers many problems that she is not yet capable of solving. Its leading centers are widely scattered, and whereas this may appeal to some by furnishing opportunities for travel and experience in different parts of the country, others may not wish to consider positions away from their home communities. Likewise, the positions that are in distinctly experimental work, while often intriguing, sometimes are insecure, as the undertaking may be arbitrarily discontinued. A more permanent limitation of the field is due to its close association with psychiatry and psychology, for the success of the work of the psychiatric social worker is directly dependent upon the quality of the medical and psychological service available, and there are still not enough well-trained psychiatrists and clinical psychologists to meet the needs of the social as well as the medical field.

It is too early to attempt a definite forecast as to the future of psychiatric social work, but it seems probable that its demonstration period is now well advanced, and that the next decade will see its steady development as part of a mental-hygiene program in many new centers. The psychi-

atric social worker probably will be called upon for some time to assist in the solution of personality problems that arise in the work of social agencies, the courts, the schools, and to a growing extent in industry. As other social workers receive definite and thorough instruction in psychiatric principles, they should eventually be able to handle many of these problems of mental adjustment themselves, but on the other hand their greater insight may bring to light a number of additional cases that are in need of special psychiatric attention. The psychiatric social worker is likely to remain a specialist in the field of social work dealing with the more obscure behavior problems and the social aspects of the distinctly pathological cases of nervous and mental disorder. Her chief interest for some time probably will be in the experimental development of more effective methods of social treatment for border-line mental cases and for problem children and in various phases of mental-hygiene education. The individual who desires to make her work a continuation of her education, who is interested both in human beings in action and in scientific discoveries and experimentation, who wishes opportunities for leadership and for intelligent service in the development of personalities and in social welfare, will find many such opportunities in psychiatric social work.

PART II

Description of the Field

Extent and distribution

In order to obtain an accurate idea of the vocational opportunities in psychiatric social work, a brief survey has been made of the extent and types of the activities in which psychiatric social workers in the United States are engaged at the present time. It is estimated that there are between three hundred and three hundred and fifty persons now in psychiatric-social-work positions.

The National Committee for Mental Hygiene has accumulated the experience records of two hundred and forty-four psychiatric social workers, one hundred and forty-three of whom are working in hospitals, fifty-two in children's clinics,

and forty-nine in other types of organizations. They are distributed geographically as follows:

East		South		Middle West		West	
Connecticut	12	District of Columbia	3	Illinois	23	Arizona	1
Maine	1	Georgia	1	Indiana	2	California	9
Massachusetts	46	Maryland	8	Iowa	2	Wyoming	1
New Jersey	9	Tennessee	2	Louisiana	1		
New York	73	Virginia	1	Michigan	6		
Pennsylvania	7	West Virginia	1	Minnesota	14		
Rhode Island	2			Missouri	4		
				Ohio	7		
				Oklahoma	1		
				Texas	2		
				Wisconsin	5		
	150		16		67		11

Thus New York, Massachusetts, and Illinois lead the other states in the number of psychiatric social workers employed. Slightly over half of these two hundred and forty-four positions are in the chief cities of the state and slightly less than half in the smaller towns or rural districts.

CENTERS OF WORK

Psychiatric social work varies in different places in its organization and details, but is characterized throughout by its use of social-case-work methods developed with a new emphasis upon a scientific consideration of mental factors. The underlying principles of psychiatric social work and the general directions in which it is developing may be seen in the description given in the following pages of work that is being carried on in hospitals and dispensaries, schools for the feebleminded, psychiatric clinics for children, various non-medical institutions (social agencies, schools, courts, and industrial concerns), and in mental-hygiene organizations. Psychiatric social work in the first two groups is now fairly well standardized, but in its more recent applications it is still in the formative period and can be described only as it has developed in certain leading centers.

Hospitals and Dispensaries

State hospitals for mental diseases.—The care of the insane has long been recognized as a social problem and the

last century saw the establishment of many state institutions for the custody of individuals suffering from mental diseases. Begun as a medical movement, it soon, however, lapsed into a humanitarian enterprise, probably because of the retarded development of medical knowledge along these lines. The first effort to help such patients make an adjustment in the community took place in England in 1880, when a Society for the After-care of the Insane was organized to provide friendly supervision for patients discharged from the hospitals for the insane. Similar work was begun in this country in 1910, when the Committee on Mental Hygiene of the New York State Charities Aid Association appointed an after-care worker to supervise patients discharged from two of the state hospitals for mental diseases. The next year, the salary of this worker was taken over by the state, and in 1913 two Massachusetts state hospitals added social workers to their staffs. In the meantime, the "insane asylums" have gradually been transformed into hospitals and with new forms of treatment and the development of more institutional activities, many patients are found to improve sufficiently to be able to live comfortably outside of the institution if they can be properly placed and supervised. Such social problems are met by the employment of psychiatric social workers, and to-day there are over fifty state hospitals for mental diseases that have social-service departments. Psychiatric social workers are also employed at the federal hospital for the insane, at Washington, D. C., and in some private hospitals for mental patients.

The psychiatric social worker in a hospital for mental diseases is engaged in social case-work with especial emphasis upon the social supervision of paroled patients. It is her function to make social investigations that will aid both in the medical diagnosis and in the formulation of plans for the patient after he leaves the hospital. She may handle social problems that arise in his family during his absence, may help the family to make an adjustment without him if he is found to be in need of permanent care, or may, if necessary, organize the home situation so that it will be favorable to his convalescence if he is to return. His discharge often will depend upon the plans that the social worker

is able to make for his living arrangements and employment, and her subsequent supervision involves not only the encouragement of the patient, but also the mental-hygiene education of those with whom he is associated, so that he may be understood and accepted as a member of the community. The social worker is able in some instances to arrange for extramural care for certain chronic cases, and every removal that she thus facilitates is of direct economic value to the state. Some of the state hospitals have out-patient departments or hold clinics in various parts of their districts, and here the social worker has additional contacts with the community and with border-line and incipient mental cases, some of whom, under social supervision, can make a satisfactory adjustment without entering the hospital. The social worker is also called upon to give lectures to nurses and various community groups.

A state-hospital position usually entails residence at the hospital and some traveling in the state. Salaries on the whole are lower than in other types of psychiatric social work, unless the cash value of maintenance is estimated at more than $500 a year. The demand for workers is increasing as more and more state legislatures recognize the value of such service and already there are more openings in this field than can be met by the trained psychiatric social workers now available.

Psychopathic hospitals.—During the last fifty years, medical knowledge concerning the etiology of mental diseases has advanced rapidly, receiving its impetus from work on the continent, where mental diseases with a favorable prognosis were first differentiated from those in which recovery seldom occurred. Now a dozen or more definite entities are recognized in the field of mental disorders, each of which has a different medical background and symptomatology and requires different treatment. New developments in laboratory technique and the standardization of mental tests have been aids to greater accuracy in diagnosis, and increasing attention has been paid by psychiatry to border-line and incipient mental deviations and to the prevention of mental disorders. Scientific knowledge of such cases has been furthered by the establishment of separate institutions for their study, such

as the psychopathic hospitals in connection with the medical schools at Ann Arbor, Boston, Baltimore, Iowa City, and Denver. All available resources for the understanding and treatment of the mental patient are made use of in these hospitals. The value of social service with medical cases was first demonstrated at the Massachusetts General Hospital, and when the Boston Psychopathic Hospital was established in 1912 as a department of the Boston State Hospital, its organization included a social-service department. Here, under the direction of the late Dr. E. E. Southard and Miss Mary C. Jarrett, the technique of social case-work with mental cases was developed and here it became known as psychiatric social work. In 1915, the first apprenticeship course in psychiatric social work was established at this hospital.

Social-service departments are now an important feature in all of the psychopathic hospitals, and they have contributed much to the development of psychiatric social work in general, both because of the emphasis of the hospitals upon differential diagnosis, treatment, teaching, and research, and because of the type of patients studied. Many border-line and incipient cases, voluntary as well as committed, are received, in which it often is difficult to determine the relative importance of social and disease factors. The patient's failure in social adjustment may be the first clue to his mental difficulty; a particular environmental situation may be an important factor in the onset of his breakdown; or his whole problem may resolve itself into a social one. In these cases, the social investigation becomes of especial importance in the medical diagnosis, and intensive social treatment is often indicated. The development of out-patient departments in connection with such hospitals has made psychiatric service available for very mild mental disorders and for social problems where a mental factor is only suspected. Increasing numbers of children's cases, particularly those presenting school and behavior problems, are also examined and preventive work is emphasized.

The social-service department makes social examinations in many of the hospital and out-patient cases and carries on intensive social treatment with a selected group, referring

others to coöperating social agencies. Responsibility for the management of the out-patient clinic and the follow-up service is often delegated to the social worker. Educational work is carried on through the organization of courses and field work for student social workers, and lectures are given to nurses, medical students, and community groups. Extension work is developed in some places by psychiatric surveys and clinics held in other parts of the state. There are numerous opportunities at these hospitals for social research on psychiatric problems, and special work has been done on syphilitic cases and on industrial problems at the Boston Psychopathic Hospital and on children's cases at the Phipp's Institute in Baltimore. Another type of psychopathic hospital functions chiefly as a clearing center for the state hospitals, and whereas social service is important in such an organization, the rapid turn-over of cases makes it difficult to carry on any intensive social case-work.

General hospitals and dispensaries.—Patients with mental problems are also cared for in general hospitals, many of which have neurological clinics and psychopathic wards. Medical social work was well started in the general hospitals before psychiatric social work developed as such, and the the two fields always have had a close relationship. As early as 1905, a social worker was placed in the neurological clinic of the Massachusetts General Hospital, and a year later one was employed in the psychopathic ward of Bellevue Hospital in New York. Now social-service departments of hospitals and dispensaries that handle neuropsychiatric cases often have psychiatric social workers on their staffs, and they are playing an important part in the organization of psychiatric and "mental-hygiene" clinics for both adults and children separate from the neurological clinics of such institutions.

In these clinics, the social worker has the advantage of having near at hand general medical as well as psychiatric facilities for the study of the patient, and mental problems are discovered in many patients who probably never would have come to a strictly psychiatric agency. The psychiatric social worker in such a clinic carries on as much intensive

social case-work as possible. She also takes psychiatric social histories as an aid to diagnosis, directs the preparation of histories by other social workers who refer patients, sends them reports, acts in an advisory capacity on their psychiatric cases, supervises the follow-up service, and performs various short-time services for the patient. Her work is often difficult because of the large number of patients examined and intensive psychiatric treatment may be interfered with by frequent changes in the medical staff. Work in general hospitals and dispensaries requires a special knowledge of medical social problems and offers opportunities for research in the relationship of physical, mental, and social factors in social maladjustment.

United States Veterans' Bureau hospitals.—Psychiatric social work is also being carried on in the United States Veterans' Bureau hospitals for neuropsychiatric cases. During the war, the problem of the prevention and care of mental disorders among the enlisted men assumed national importance, and there was a need for psychiatric social workers to serve in the army hospitals. To meet this demand, a special training course for psychiatric social workers was organized at Smith College in 1918 by Dr. Southard and Miss Jarrett, of the Boston Psychopathic Hospital, with the coöperation of The National Committee for Mental Hygiene. Graduates of this course went into various army hospitals and war-time organizations. In 1919, at the request of the Surgeon General, psychiatric social work was organized by the American Red Cross in the United States Veterans' Bureau hospitals. To-day, there are Red Cross psychiatric social workers in the fourteen Veterans' Bureau hospitals dealing with mental cases, in the National Soldiers' Home Hospital in Indiana, and in the mental wards of the army and navy hospitals in California. Psychiatric social workers are employed directly by the Veterans' Bureau in some of its district offices, and it is planned to develop this work considerably.

In general, the functions of the psychiatric social worker in a government hospital are to secure full medical and social histories of each patient through correspondence with the

patient's home chapter of the Red Cross and from relatives and friends visiting the hospital; to maintain close contact with the patient's family during his period of hospitalization and to adjust any social problems that may arise; to arrange for his supervision by some social agency in his local community after his discharge; and to obtain parole and follow-up reports. There have been many changes in personnel in these hospitals, particularly during the period of their reorganization, and the nature of the service makes it difficult for the psychiatric social worker to carry as many intensive-treatment cases as she desires. There are many openings in this field, and the American Red Cross has taken an active part in providing scholarships and encouraging training in psychiatric social work.

Schools for the Feebleminded

Within the last few years, there has been a marked change in the attitude of the public toward the feebleminded, due in large measure to the influence of the late Dr. Walter E. Fernald. The general emphasis in this field is now upon the early recognition of mental defectives and their special training and supervision in the community, rather than upon their segregation and permanent colony care. Some states provide mental examinations for all children who are definitely retarded and special classes for their instruction. Social supervision is stressed for those who do not require institutional care, and residence in schools for the feebleminded is recommended for those who need vocational instruction and training in the formation of socially desirable habits. The aim of these schools is to prepare as many of their patients as possible to return to the community and lead socially useful lives. The psychiatric social worker has an important part in this program, and twelve or more of the state schools for the feebleminded now have social-service departments. There are also a large number of "follow-up workers" for the feebleminded in the state of New York.

The psychiatric social worker in a school for the feebleminded may have the responsibility for making social investigations of all applications for admission to the school and for an adequate social disposition of those cases which for

various reasons cannot be admitted. When a patient in the school is ready to leave, she makes a thorough social investigation of his home situation and the possibilities for his placement in the community. If satisfactory arrangements can be made, he is paroled, and the social worker is responsible for his subsequent supervision. When out-of-town clinics are held, the social worker assists in making the preliminary social investigations.

Psychiatric Clinics for Children

Psychiatric social work with children who present problems in behavior due to factors other than feeblemindedness is being rapidly developed, not only in medical institutions, but in a number of special psychiatric clinics for children. These are known under various names and are carried on under the auspices of juvenile courts, community and children's agencies, special foundations, state departments of health, and other organizations interested in conserving the mental health of children. Cases are referred to these clinics by courts, schools, social agencies, physicians, public-health nurses, visiting teachers, relatives, and other organizations and individuals. The children's problems include antisocial behavior, peculiarities in personality make-up, emotional difficulties, temper reactions, jealousies, fears, shyness, enuresis, disturbances in eating and sleeping, and a number of other conditions that indicate some maladjustment. The study of the child consists in a thorough physical, psychological, and psychiatric examination, together with a social investigation of the environment, with especial attention to the analysis of the personalities in the child's home and play groups and the discipline to which he has been subjected. The child's reactions are often explainable in terms of his surroundings, and the psychiatrist's recommendations frequently consist for the most part of environmental changes. The plasticity of the child makes habit training relatively easy at this age, and a psychiatric approach to the child's problem may result in the prevention of permanent mental disabilities. Some of the children's clinics act only in an advisory capacity, whereas others undertake to carry out the full psychiatric and social treatment in a selected group of

cases. The following examples will show some of the directions in which psychiatric social work with children is developing.

Institute for Juvenile Research.—The first extensive psychiatric study of children's behavior was made by Dr. William Healy in Chicago in connection with the Juvenile Psychopathic Institute, which was organized in 1909 with a five years' endowment for practical research in the field of juvenile delinquency. The individual offender was made the center of the problem, and his conduct was studied as a direct expression of his mental life. Data regarding the child's family traits, early characteristics, and environmental surroundings were gathered by field workers, and a thorough analysis of his mental content was made by psychiatrists. This approach to the problem resulted in the formulation of a number of the now recognized mental bases of delinquency, and further interest in the field was stimulated by the publication of the study of a thousand cases in *The Individual Delinquent.*

In 1914, the Juvenile Court of Cook County established the institute as one of its departments, and in 1917 it was taken over by the department of public welfare under the direction of the state criminologist, Dr. Herman M. Adler, as the Institute for Juvenile Research. The institute now makes routine examinations for child-placement work of the Illinois Home and Aid Society, for admission to the Lincoln School for Feebleminded, and for the pardon and parole systems of the penal and correctional institutions of the state. Extension clinics in connection with health work, and mental-hygiene surveys in various parts of the state, form another part of the work. The social workers make social investigations in the cases examined in the out-of-town clinics, enlist the coöperation of all community resources, and do a certain amount of follow-up work. The most important work of the social-service department, however, is that in connection with the intensive studies made on cases that present behavior problems which are referred to the institute or examined at the Juvenile Detention Home. In these, a full social examination is an essential part of the study and serves as a background for subsequent treatment, which is carried out largely by the

social worker. An interesting experiment in case-work methods is being made by a special recreation worker, who assists in treatment on the recreational life of these children.

Judge Baker Foundation.—The Judge Baker Foundation in Boston—Dr. William Healy and Dr. Augusta F. Bronner, directors—studies, analyzes, and advises on behavior, educational, and vocational problems referred by various community agencies or directly by the family. The child is studied by a physician and a psychologist. Parents are seen and a complete family and personality history is obtained by a social worker. A staff conference is held on every case. A summary of the problem, findings, and specific recommendations are made, and a copy of this is sent to the judge or the referring agency. Further analytical study by a specially trained worker is sometimes made as a sequel to this preliminary study. Follow-up studies are secured at various intervals, according to the nature of the case. Conferences on treatment are held with agency staffs, probation officers, and others under the direction of the sociological department. The work of the Foundation is almost exclusively of an advisory nature and other agencies, particularly the child-helping organizations, coöperate closely in carrying out suggested treatment.

Child-guidance clinics.—The Division on the Prevention of Delinquency of The National Committee for Mental Hygiene, operating as part of the Commonwealth Fund's Five-Year Program for the Prevention of Delinquency, has since 1922 been engaged in establishing child-guidance clinics through demonstrations in certain cities that are sufficiently developed in the social, educational, and medical fields to assimilate the work and continue it on a permanent basis at the end of the demonstration period. As a result of such demonstrations, there are now permanent clinics in St. Louis, Dallas, St. Paul, Minneapolis, and Los Angeles, and at the present time two demonstration child-guidance clinics are operating, one in Cleveland and the other in Philadelphia.

The child-guidance clinics deal with personality and behavior problems in children referred by schools, social agencies, courts, parents, and others. The clinic approaches the problem through social, medical, psychological, and psy-

chiatric studies of the child and his situation, and a staff meeting is held on every case, at which the findings from these various sources are coördinated and joint recommendations for treatment are made. The clinic works through three general types of service: the consultation, which consists of examinations and recommendations for treatment to the referring agency; the coöperative, in which the clinic assists in treatment by regular conferences with the coöperating agency, which actually carries on the social treatment; and the straight clinic service in which the clinic assumes full responsibility for the social treatment.

The social-service department as at present organized in the demonstration clinics is headed by a chief social worker, who is concerned mainly with community relationships and general responsibility for the work of her department. Under her are two case-work supervisors, three social case-workers, several students in training, and a number of workers loaned from other agencies that are interested in gaining a knowledge of clinic methods and aims. These loaned workers are assigned mainly to cases from their own agencies, obtaining histories and carrying out social treatment under clinic supervision. This affords the clinic a means of working out with various agencies practical methods of coöperation. Part of the educational work of the demonstration includes talks and lectures by staff members to various groups in the community, a limited library service, advice on mental-hygiene literature, and open staff meetings at which case presentations are made to groups with professional interests.

A psychiatric social worker associated with the director in the New York office of the Division on the Prevention of Delinquency acts as a consultant on case-work methods to the workers in the child-guidance clinics and to permanent clinics upon their request. She has charge of the preparation for publication of certain case studies and directs research in methodology. She also carries responsibilities in connection with the social-service personnel of the clinics.

Since the demand for assistance in establishing such clinics could not be met by two traveling clinics, a consultant service, consisting of a psychiatrist, a psychiatric social worker, and a secretary, was added to the child-guidance-clinic program.

This service is available to cities that are working to establish clinics of their own along similar lines and that desire assistance in matters of education, planning, organization, and personnel. Certain preliminary services, such as visiting a city to evaluate existing community resources, the public's interest, and the specific financial support contemplated, are rendered by the consultant staff, acting in an advisory capacity. When the city is considered ready to support a clinic adequately and its trained personnel has been obtained, the consultant staff may go into that city for a period of three or four months to assist the permanent staff in organizing and getting under way as a unit. The psychiatrist is consultant in his field, the social worker and secretary in theirs. The project includes a large amount of community education concerning coöperation with the clinic and general understanding of its function. Permanent clinics resulting from this service create a still further demand for trained psychiatric social workers.

A psychiatric social worker is also employed to act as executive assistant, associated with the director of the Commonwealth Fund in New York. Her work is administrative and is largely determined by the mental-hygiene aspects of the Fund's Program for the Prevention of Delinquency.

Bureau of Children's Guidance.—Another section of the Commonwealth Fund Program for the Prevention of Delinquency is carried out by the New York School of Social Work through its training courses and through its psychiatric clinic for children, known as the Bureau of Children's Guidance. This bureau, as the mental-hygiene department of the school, has a twofold purpose—the training of students in dealing with behavior and emotional problems and the actual treatment of children's cases. Children are referred by the visiting teachers who are part of the Commonwealth plan, by social agencies, parents, and others, and the clinic's intake is limited by a careful discrimination as to the nature of the problem. The bureau assumes entire responsibility for the supervision of the children that are selected for study and while coöperating with the referring agency, does not give either diagnostic or consultation service alone on any case.

Social investigations and social treatment are carried on by the students under the direction of the case supervisors of the social-service department and the psychiatrists. In addition to its training and treatment functions, the clinic is interested in developing new methods of psychiatric work with children which will aid in the prevention of delinquency.

Habit clinics.—The importance of the establishment of right habits of mental health in very early childhood has been stressed by both the behaviorists and psychoanalysts and is receiving considerable attention in the educational field, with the resulting development of nursery schools for the social training and the psychological study of pre-school children. Mental-hygiene problems of very young children are being handled in many of the psychiatric clinics for children, pediatricians are becoming interested in the field, and various methods of habit training are being tried out in a number of centers.

The most specialized clinical work of this kind is that done by Dr. Douglas A. Thom in Boston and in other parts of Massachusetts in "habit clinics" in which the individual very young child is studied as a whole and in relation to his environment. When examination has eliminated the possibility of physical disease, the problem is approached from the habit-training standpoint. The psychological examination, determining mental equipment, and the social history, indicating background and influences, together with the personality study, form the basis for analysis and for the treatment which is carried out largely by the social worker. Carefully trained observation for differential diagnostic data is required in work with such children because few informants are available and the significance of much of the data is as yet undetermined. Psychological and psychiatric knowledge concerning the young child is also incomplete, and the personnel of these clinics is undertaking its work in an experimental attitude.

Other psychiatric clinics for children.—Numerous other interesting mental-hygiene clinics for children are found in connection with hospitals and dispensaries, juvenile courts, and various community organizations, in all of which the psychiatric social worker plays an important part in the study

and treatment of the problem. The Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital receives many children for examination and one of its psychiatric social workers deals entirely with children's cases. The Wayne County Psychopathic Clinic in Detroit concentrates upon court work, and about two-thirds of its cases are referred by the judge and probation officers of the juvenile court. In addition to juvenile delinquents and problem children, it also handles neglect, dependency, and mother's pension cases in which there is a mental problem, and supervises certain entire family groups as well as individuals. In New York City, the children's court maintains a psychopathic clinic of its own which provides physical, psychological, social, and psychiatric examinations for children sent in from five courts of the city. Psychiatric social work with children is also carried on under county boards of child welfare. In Westchester County, New York, as a part of the Department of Child Welfare, a psychiatric clinic for children is being conducted in which there are three psychiatric social workers, all on civil-service payroll. This clinic has the opportunity of working closely with one of the best county programs for children in the country and close to the problem of child placing. Similar work is being developed in the Essex County Juvenile Clinic at Newark, New Jersey, where the physical, psychological, and psychiatric examinations are made by a physician trained in these fields and the social investigations and treatment are conducted by psychiatric social workers. Psychiatric social work is also carried on in children's clinics which are under the direction of psychologists, such as the Psychological Clinic in Louisville, Kentucky, in which medical examinations are furnished by outside consultation service.

Private psychiatric cases.—A new development in psychiatric social work is the employment of psychiatric social workers by psychiatrists for assistance in their private practice. Since mental disorders are not confined to any one class of society and since the majority of such illnesses or deviations have a social aspect, the technique of the social worker may be just as valuable to the private, paying patient as to the public one. In some organizations, the psychiatric social worker makes social investigations and carries on social treat-

ment in private as well as public cases, and several private psychiatric institutions employ social workers on their staffs. Sometimes the psychiatric social worker assists the psychiatrist outside of her regular hours of clinic work or is employed on half time by the clinic and half time by the psychiatrist. Again, she may give all of her time to private work, applying the methods of social case-work to the solution of social problems that arise in the psychiatrist's private practice. An interesting experiment in private work with children is the placement of the psychiatric social worker in residence in the home of a problem child to make an intensive study of the family relationships, parental discipline, and other factors in the situation. Social treatment in a controlled environment has been tried in a few private cases by the placement of one or more problem children in a home with a psychiatric social worker in charge for a number of months' intensive training.

Social Agencies

The chief emphasis in modern social work, in contrast to the older economic point of view, has been upon the development of personality. Sociologists, psychologists, and social case-workers have been interested for some time in the psychological aspects of social maladjustment and have done much to prepare the way for the application of psychiatry to social problems. It is now generally recognized that in practically every problem case that comes to the attention of a social agency, the personalities of the individuals concerned and their types of behavior must be given scientific consideration if success in effecting social adjustments is to be achieved. Otherwise much valuable energy, time, and money may be wasted in efforts expended in the wrong direction or in trying to accomplish the impossible. Social workers are, therefore, making considerable use of psychiatric clinics wherever they are available and are extending their own psychological knowledge by taking special courses and by reading. Some family agencies maintain psychiatric clinics of their own with a personnel of psychiatrist, psychologist, and psychiatric social workers, and The National Committee for Mental Hygiene has recently organized a psychiatric clinic to study

family problems in the Association for Improving the Condition of the Poor. Many children's agencies make provision for routine psychiatric examinations of their problem cases, and psychiatric clinics have also been developed in connection with institutional churches and Young Women's Christian Associations and social settlements such as the Hudson Guild.

In order to extend this mental-hygiene point of view of dealing with individuals primarily as problems in the development of personality, psychiatric social workers have been called upon in various places to work directly with a social agency either as a member of its staff or as a consultant provided by some outside organization such as a mental-hygiene society. The organization of this service is different in different localities. In New York, the United Hebrew Charities has a mental-hygiene department in which two psychiatric social workers are employed who function in a consultant capacity, aiming to develop a psychiatric point of view and technique in the staff as a whole. In Chicago, the organizer of psychiatric social work of the Illinois Society for Mental Hygiene is now working with the United Charities in an advisory capacity. Her main duties are to visit the districts and read the records of problem cases, making a social analysis of them, writing out suggestions for dealing with the problem, and then discussing it in full with the worker and the district superintendent. She supervises the working out of the problem when necessary and reviews the case after an interval has elapsed.

In such ways, the worker in the social agency is not only helped to adjust the patient, but is given training in recording data on personality and in preparing histories for the psychiatrist, in interpreting the psychiatric diagnosis, and in working out social treatment from the mental-hygiene point of view. She is encouraged to note details of personality in all of her records, and is shown in which type of problems a psychiatric examination is indicated and which ones involve mental attitudes and habits that may be straightened out by an objective and understanding approach on the part of the social worker. The work results in an earlier recognition of the psychiatric problems in a case, in more effective technique,

in better coöperation between psychiatric clinics and the agency, and in a stimulation of interest in research.

Correctional Agencies

Juvenile courts.—The social and psychological factors that underlie antisocial behavior have been receiving increasing attention in recent years and a better understanding of the delinquent child has been possible since the introduction of juvenile-court proceedings. In many places provision is now made for the social and physical examinations of juvenile delinquents, and an increasing number of courts are providing for psychological and psychiatric examinations, either through facilities offered by state hospitals, schools for the feeble-minded, psychopathic hospitals, community and school clinics, or through separate psychiatric clinics of their own. The problems of the delinquent child are not essentially different from those of other maladjusted children and psychiatric social work functions the same in the psychiatric examination and treatment of these court cases as in the other cases dealt with in various children's clinics as described above.[1]

Adult courts.—Adult courts are also beginning to recognize the value of complete psychiatric and social analysis of the offenders with whom they deal and are referring many of their problem cases to psychiatric agencies for recommendations as to disposition. In some places, such as Baltimore, a psychiatrist is attached to the court, and in others separate psychopathic clinics have been organized to handle the court cases. There are now such clinics in connection with the courts for misdemeanors in Chicago, Boston, and Cleveland, in Philadelphia under the probation department of the municipal court, and in the recorder's court in Detroit, which has jurisdiction over both misdemeanors and felonies. The psychopathic clinic of this court has a personnel of psychiatrists, psychologists, and psychiatric social workers. Complete psychiatric examinations are made on cases referred by the judges and probation departments, and short routine psychiatric examinations on certain groups of misdemeanants. The clinic also examines cases for the police department and

[1] See pages 584-91.

advises social agencies on problems of delinquency. Social investigations are prepared under the direction of the clinic's social workers, staff meetings are held on every case, and written recommendations are given to the judge or referring agency. If the individual is committed to an institution, a copy of the case study is sent to it, and if he is placed on probation, advice is given to the probation department as to subsequent social treatment.

Probation and parole departments.—Effective supervision of either adults or children who are on probation or parole requires considerable insight into the psychological mechanisms underlying conduct, and organizations carrying on social case-work with court cases or with individuals paroled from penal institutions are finding psychiatric examinations of great assistance in the understanding of their problems. Special psychiatric courses are now offered for probation officers and are included in their training, and a few psychiatric social workers are employed directly as probation officers by courts and by protective agencies. The women's probation department in the recorder's court in Detroit has such a worker, whose duties include the supervision of feebleminded girls who are on probation until they can be admitted to a school for the feebleminded, social case-work with problem cases involving a mental factor, and consultation with other members of the staff on special behavior problems among their cases. Psychiatric work has also been emphasized by the New York Protective and Probation Association.

Penal institutions.—Psychiatric work in correctional institutions has so far consisted chiefly of surveys to determine the number of psychiatric deviations among the prisoners. Some assistance has also been given in the proper occupational distribution of the prison population and in the handling of the more difficult disciplinary cases. A psychiatric clinic was organized by Dr. Bernard Glueck at Ossining State Prison in 1917 in connection with which field investigations were made by a social worker, and intensive social psychiatric studies of delinquent women have been conducted at the reformatories for women in New York and Massachusetts. In Massachusetts, a law has been enacted which provides that

all persons sentenced to more than thirty days in jail must have a mental examination by a psychiatric unit composed of a psychiatrist, a psychologist, and a psychiatric social worker. The duties of the latter will include the preparing of social histories as an aid to diagnosis. An interesting experiment in more intensive work in institutions was recently begun under the auspices of the Commonwealth Fund at the Berkshire Boy's Industrial Farm. Here a psychiatric clinic has been organized with a personnel of a psychologist and a social worker and the part-time consultant service of a psychiatrist. Social investigations and psychological and psychiatric examinations are made on all new admissions and on problem cases and certain pieces of research have been undertaken. The psychiatric approach of this clinic is opening up a field of educational work with the institutional staff in the understanding of problem children and their adjustment, and promises to be a forerunner of much needed psychiatric assistance in the working out of social treatment in institutions.

Schools

The centering of the school's attention upon the educational needs of the individual child has led to the establishment of psychological laboratories in many school systems. Intelligence and educational tests are now used extensively as a guide for the child's grade placement, and the special needs of the retarded or superior child are being met in many places by the ungraded class. The child of average intelligence who is failing in his work or who does not fit into the school system, who is nervous or peculiar, an habitual truant, or a disciplinary problem, is also arousing considerable interest and schools are providing for the psychiatric examination and supervision of such cases through their own clinics or through community psychiatric clinics.

State-wide public-school clinics.—A state-wide system of public-school clinics was inaugurated in Massachusetts in 1918 by a law which provides that all children who have been in a given grade three years or more should have a psychiatric examination, to be made under the joint auspices of the department of education and the department of mental diseases by traveling clinics from the state hospitals. Lists

containing the names of children to be examined are sent to the state hospitals, who lend their psychiatric social workers to make social examinations or to supervise local workers in their investigations. The children's personal, developmental, and family histories are secured, with records of school and economic progress and a description of social and moral reactions, and this material is given to the psychiatrist. These clinics endeavor to awaken in the family and the local authorities a feeling of responsibility for the welfare of the defective child and to encourage the study of the retarded child who is not defective.

Visiting teachers.—To meet the needs of the individual child more adequately, schools are beginning to study him in his social setting as well as in the classroom, and the position of visiting teacher has been created in many school systems. The visiting teacher usually is a person who has had training and experience both as a teacher and as a social worker, and approaches the problem of the unadjusted child by a social case study of his entire situation. The school difficulty may be traced to an economic problem, a health problem, to ignorance on the part of the parents, or to neighborhood influences, which can be adjusted by the visiting teacher, or, again, it may be a complex one of the interplay of personalities and of peculiar mental attitudes, in which a psychiatric examination is indicated. Visiting teachers are finding a knowledge of the mental hygiene of childhood indispensable to their work and recognize the desirability of as much practical training as possible in dealing with problem children under the guidance of a psychiatrist. The visiting-teacher movement is being furthered by the Commonwealth Fund Program for the Prevention of Delinquency, which is offering training courses in New York and Philadelphia, and is furnishing demonstrations of visiting teaching in thirty cities in different parts of the country. This is a field closely related to psychiatric social work and one in which several psychiatric social workers are engaged. Some experience in teaching, in addition to training in psychiatric social work, is considered desirable for a worker connected directly with a school.

School counsellors.—Work somewhat similar to that of the visiting teacher is carried on in the LaSalle–Peru Township High School in LaSalle, Illinois, where a psychiatric social worker who has had special training in psychology and experience in teaching is holding the position of educational counsellor. Her approach to the high-school pupils is through a personal interview with each student, covering scholarship, health, hygiene, interests, plans, and behavior, after which certain cases are selected for social case-work and psychiatric attention. The latter is provided by a mental-health clinic from the Institute for Juvenile Research, which is held at the school from time to time to make psychiatric examinations and recommendations. Vocational guidance is a corollary to the work and is represented in the employment service, which also attempts to develop industrial openings in the community for boys and girls leaving school.

Psychiatric knowledge is helpful in all types of vocational guidance and is of special value in the handling of the personal problems of older students by school advisors and deans, a large part of whose function is that of personal adjustment. Increasing attention is being paid to the mental-hygiene needs of college students, and in 1924, a six weeks' summer course for deans was organized at the Smith College School for Social Work, with emphasis upon the psychological and psychiatric approach to these problems.

Industrial Concerns

Possibilities for the application of psychiatric social work to another field of human problems is suggested in the concept of the "mental hygiene of industry", a phrase coined by the late Dr. E. E. Southard to indicate the importance of mental health as well as physical health in production. Since accidents, absences, grievances, inefficiency, and industrial decline are frequently due to mental attitudes, arising at times from home conditions, from peculiarities of personality, or from mental-disease processes, they can be met most effectively by the intensive study of the individual from a psychiatric point of view. Various psychological tests are being devised to aid in the correct placement of workers, and some concerns have availed themselves of the services of a

psychiatrist in connection with their health departments. The training of the psychiatric social worker in evaluating the significance of mental attitudes and social relationships, and her special skill in securing and interpreting personal histories and in making individual adjustments, should form an excellent foundation for personnel work in industrial and mercantile concerns.

Mental Hygiene Organizations

The National Committee for Mental Hygiene.—Through these early days, the future of psychiatric social work is being shaped by the careful social case-work of the individual psychiatric social worker in her daily tasks. A certain direction to the movement is also being given through the national and state organizations, which have encouraged the development of psychiatric social work as part of their larger mental-hygiene program for the conservation of mental health, for the prevention of nervous and mental disorders and mental defect, and for improved standards of care and treatment for those suffering from any of these disorders. The National Committee for Mental Hygiene has taken the lead in this field since 1917, and under the guidance of its medical director, Dr. Frankwood E. Williams, has contributed a great deal to the sound development of psychiatric social work. The educational assistant of the National Committee is a psychiatric social worker, and part of her work is to keep a registration file of all psychiatric social workers, to give advice and information in regard to training for psychiatric social workers and types of positions open, to maintain correspondence, and to distribute mental-hygiene literature. Two psychiatric social workers are working under the auspices of the National Committee in a family welfare society in New York, and twelve or more others in the child-guidance clinics. Two other positions under the Division of Delinquency are those of the psychiatric social worker in the field consultant service, and the case supervisor of methods, whose work has been described above. Psychiatric social workers also take part in surveys that are made from time to time and in other pieces of special work.

State societies for mental hygiene.—Some twenty-one states now have affiliated mental-hygiene societies which are attempting to organize and extend mental-hygiene activities throughout their own territory. Their work includes the assembling of information in regard to the existing facilities for the care of mental cases, improvement of conditions in state institutions, general education of the public by the publication of bulletins and addresses on mental hygiene, and assistance in the arrangement of programs for the state conference of social work and special conferences on mental-hygiene topics. Surveys of the work of welfare agencies or of whole communities are made to determine the extent of the need for mental-hygiene work and special studies of various psychiatric problems are carried on. The medical director of the society is assisted in all of these activities by the executive secretary, who is usually a psychiatric social worker. The state societies may also organize and direct psychiatric clinics of their own in which the case-work is carried on by the psychiatric social worker, and she is often called upon to handle case-work problems of patients who are referred directly to the headquarters of the society.

In Connecticut, the executive secretary has the general administrative and educational duties of the organization and cares for out-of-town cases that are referred to the New Haven office. Social service for patients attending the several clinics of the society is carried on by a case supervisor, an assistant case supervisor, and a field secretary. The policy of the Illinois Society has been to emphasize educational and demonstration work rather than to establish permanent clinics. The organizer of psychiatric social work has devoted half of her time to consultation on special problems with the case-workers of a family agency in Chicago in order to bring about a better understanding and application of psychiatric principles. She is assisted by a psychiatric social worker who carries on case-work with patients who come directly to the society, and who has been making a demonstration of the functions of psychiatric social work in an adult neuropsychiatric clinic. A demonstration of the application of psychiatric social work in the schools has recently been begun, with the coöperation of the board of education and the establishment of a psychi-

atric unit consisting of a psychiatrist, a psychologist, and a psychiatric social worker in one of the large high schools in the city.

State departments of mental diseases.—In addition to a well-organized state society for mental hygiene, Massachusetts has a state department of mental diseases which employs psychiatric social workers in three divisions of its work. Social workers in the division of feeblemindedness are supervising feebleminded persons under its control in the community, social workers in the division of mental hygiene are connected with the habit clinics that have been established in various parts of the state, and social work is about to be started in the newly created division for the examination of prisoners. These workers are under the general supervision of a director of social work who also supervises the social workers in the state hospitals. Her functions there are to standardize the work of the various hospitals and to further the employment of trained personnel. A psychiatric social worker is employed in the Connecticut State Department of Health, whose work includes educational activities and assistance to various communities in the establishment of their own psychiatric clinics.

United States Public Health Service.—The psychiatric social worker is also recognized by the United States Public Health Service, under which there is one position in Boston with the title of psychiatric social worker in field investigation of mental health. The work includes investigations of social conditions affecting mental health and collection of the social data required for medical studies in this field. The qualifications for a civil-service appointment in psychiatric social work include three years' college training or its equivalent, graduation from a recognized course in social work of at least nine months' duration, with one year's experience in psychiatric social work, or graduation from a course in psychiatric social work of at least nine months' duration, with one-half year's experience in psychiatric social work.

PROFESSIONAL ORGANIZATION AND PLACEMENT BUREAU

The psychiatric social worker is looking not only to the psychiatrist and to other social workers for guidance in her

problems, but is recognizing her own responsibility in maintaining standards and interpreting the field of psychiatric social work. This has resulted in the forming of a professional organization of psychiatric social workers known as the Section on Psychiatric Social Work of the American Association of Hospital Social Workers. This organization now has an enrollment of seventy-six members who have met its requirements of training and experience. Graduates of recognized training courses in psychiatric social work of not less than nine months' duration are eligible after they have held a position in psychiatric social work for one year; graduates of other recognized training courses in social work of not less than nine months' duration are eligible after they have had six months or more apprentice training in psychiatric social work and have held a position for at least two years; and persons who have not taken formal training, but have met certain educational requirements and substitutes for training are eligible after four years of successful accomplishment in psychiatric social work. The active work of the section is carried on by its officers and committees and two meetings are held each year, at which reports are presented and various phases of psychiatric social work discussed.

Psychiatric social workers are also affiliated as individuals with the American Association of Social Workers, and applications for workers or for positions in psychiatric work are handled through the vocational bureau of this organization. There is a constant demand for trained psychiatric social workers for state-hospital positions and for Red Cross positions in Veterans' Bureau hospitals, and at any one time there usually are several other openings in hospitals, children's clinics, or other centers of work. New positions are being created rapidly which more than absorb the increase of workers coming annually from the schools of social work and college graduates who have received adequate professional training are needed for positions in this field.

atric unit consisting of a psychiatrist, a psychologist, and a psychiatric social worker in one of the large high schools in the city.

State departments of mental diseases.—In addition to a well-organized state society for mental hygiene, Massachusetts has a state department of mental diseases which employs psychiatric social workers in three divisions of its work. Social workers in the division of feeblemindedness are supervising feebleminded persons under its control in the community, social workers in the division of mental hygiene are connected with the habit clinics that have been established in various parts of the state, and social work is about to be started in the newly created division for the examination of prisoners. These workers are under the general supervision of a director of social work who also supervises the social workers in the state hospitals. Her functions there are to standardize the work of the various hospitals and to further the employment of trained personnel. A psychiatric social worker is employed in the Connecticut State Department of Health, whose work includes educational activities and assistance to various communities in the establishment of their own psychiatric clinics.

United States Public Health Service.—The psychiatric social worker is also recognized by the United States Public Health Service, under which there is one position in Boston with the title of psychiatric social worker in field investigation of mental health. The work includes investigations of social conditions affecting mental health and collection of the social data required for medical studies in this field. The qualifications for a civil-service appointment in psychiatric social work include three years' college training or its equivalent, graduation from a recognized course in social work of at least nine months' duration, with one year's experience in psychiatric social work, or graduation from a course in psychiatric social work of at least nine months' duration, with one-half year's experience in psychiatric social work.

PROFESSIONAL ORGANIZATION AND PLACEMENT BUREAU

The psychiatric social worker is looking not only to the psychiatrist and to other social workers for guidance in her

problems, but is recognizing her own responsibility in maintaining standards and interpreting the field of psychiatric social work. This has resulted in the forming of a professional organization of psychiatric social workers known as the Section on Psychiatric Social Work of the American Association of Hospital Social Workers. This organization now has an enrollment of seventy-six members who have met its requirements of training and experience. Graduates of recognized training courses in psychiatric social work of not less than nine months' duration are eligible after they have held a position in psychiatric social work for one year; graduates of other recognized training courses in social work of not less than nine months' duration are eligible after they have had six months or more apprentice training in psychiatric social work and have held a position for at least two years; and persons who have not taken formal training, but have met certain educational requirements and substitutes for training are eligible after four years of successful accomplishment in psychiatric social work. The active work of the section is carried on by its officers and committees and two meetings are held each year, at which reports are presented and various phases of psychiatric social work discussed.

Psychiatric social workers are also affiliated as individuals with the American Association of Social Workers, and applications for workers or for positions in psychiatric work are handled through the vocational bureau of this organization. There is a constant demand for trained psychiatric social workers for state-hospital positions and for Red Cross positions in Veterans' Bureau hospitals, and at any one time there usually are several other openings in hospitals, children's clinics, or other centers of work. New positions are being created rapidly which more than absorb the increase of workers coming annually from the schools of social work and college graduates who have received adequate professional training are needed for positions in this field.

ABSTRACTS

WHAT IS MENTAL HYGIENE? A DEFINITION AND AN OUTLINE. By E. Stanley Abbot, M.D. *The American Journal of Psychiatry*, 4:261-84, October, 1924.

The purpose of this paper is to present a comprehensive and constructive conception of mental hygiene from the biological point of view—that is, from the point of view of man as an organism whose life consists of a series of more or less successful adjustments to his environment. Dr. Abbot defines mental hygiene as a science, an art, and a movement whose objects are (1) to secure for human organisms the best possible endowment of the mental capacities, tendencies, and activities involved in efficient human living and the best possible development and use of such capacities; (2) to prevent the impairment of these capacities; (3) to restore them if impaired; (4) to develop compensating activities when restoration is impossible; and (5) to provide for the handicapped the most favorable conditions possible during their period of incapacity. The remainder of the paper discusses in detail each of the three phases of mental hygiene—the science, the art, and the movement.

Mental Hygiene as a Science.—The questions with which mental hygiene as a science is concerned can be divided into two groups—those that have to do with the environment to which human beings must adjust, and those that have to do with the mind by means of which the adjustments are made.

The elements of environments are (1) the energies or forces of nature which we sense directly or indirectly, (2) the concrete or tangible things that we perceive, and (3) the intangible or abstract things that we apprehend, which may be subdivided into (a) the ideas, affective states, manner, and behavior of the persons around us, rules, laws, and so forth, and (b) the relations between the foregoing. These elements in various combinations make up situations and events. The environment is never exactly the same in all respects for any two persons, nor for any two consecutive moments for the same person. There is thus an infinite variety of environments or environmental situations, some easy and pleasant, some hard, even intolerable. The most important from the point of view of mental hygiene are those in which the individual is called upon to face inadequacies in himself, adverse comparisons of himself with others, unjust treatment by others, the necessity of making difficult decisions, and so forth.

In regard to our minds, there are a number of questions for mental hygiene as a science to study:

I. What are they? While realizing that opinions on this point differ widely, Dr. Abbot suggests tentatively that our minds consist of certain capacities, tendencies, and activities, and their records in us. These capacities and activities fall into the following large groups:

A. The driving forces in our lives, consisting of (a) the fundamental and primitive urges common to all living creatures—to exist, to be active, and the like; (b) the instincts, or tendencies to use inherited structure in ancestral ways, chief of which are the acquisitive, the self-protective, and the sex; (c) the desires and wishes, such as to get relief from present discomfort, to avoid impending discomfort, or to secure positive enjoyment.

B. The receptive capacities and activities—sensing, perceiving, and apprehending—by means of which we receive information as to ourselves and our environments.

C. The thinking capacities and activities, by means of which we use the material supplied by the receptive and other activities to understand and come to conclusions about ourselves and our environments. They include all such processes as recalling past impressions and relating them to one another or to the present, forming concepts and judgments, reasoning, theorizing, dreaming—in fact all the processes known as thinking, whether voluntary, controlled, or directed or involuntary, whether "conscious" or "unconscious". The results of these activities are recorded in us as ideas, opinions, beliefs, resolutions, and so forth.

D. The affective or emotional capacities and activities—our "feelings". These may be roughly divided into (a) emotions—joy, fear, anger, and so forth—comparatively intense, but usually brief reactions to immediate situations; (b) moods, such as anxiety or depression—less intense, but more enduring reactions to more remote situations; and (c) sentiments—such as patriotism—and affective attitudes—antagonism, pessimism, and so forth—which consist of associations of feelings with certain ideas. Emotions enter largely into our intellectual attitudes, points of view, prejudices, and beliefs. They also facilitate or hinder other types of mental activity. They are expressed by reflex, involuntary, and voluntary motor action and glandular secretions.

E. The executive capacities and activities by which the other capacities are actually put to use in various acts of adjustment to the environment—*i.e.*, in the carrying out of our plans and purposes or in the inhibiting of tendencies to action. These executive powers may be exerted both in the motor field—in overt acts or in the control of

expressions of emotion—and in the thinking field, in the direction and control of thought and so forth.

F. The records or impressions made upon us by all these activities, the "engrams", "psychograms", memories of our experiences and their settings. Some of these we can recall and some not, but even those we cannot recall enter as factors—often very important factors—in the mental mechanisms of behavior. Therefore, they also, as well as the five types of mental capacity or activity already discussed, are dynamic.

II. How do we get our minds? The answer is twofold: through heredity, so far as they are capacities and tendencies, and through experience so far as they are activities and records, though even as activities they have to follow ancestral patterns, probably to the degree to which the structures upon which they depend—the nervous systems and their connections—resemble the parental structures. Mental hygiene as a science is concerned with the effects of eugenics upon the inheritance of mental capacity and of environmental conditions upon the development of mental activities and memories.

III. How do our minds develop? The development of the mind resembles the development of the body in passing through stages that are suggestive of the adult attainments of remote ancestral forms, the mind of the civilized child, for example, bearing likeness to that of adults of primitive stocks. The various capacities are present in embryo in the infant and develop with its growth, the capacity to direct motor activity, for instance, developing from the few instinctive and uncoördinated movements of the baby, through the comparatively simple coördinations of childhood, to the fine coördinations required by the skilled occupations of adult life. And the same with the other capacities. "By the use of these developing capacities the individual grows from complete dependence, through partial dependence, to complete independence; from utter selfishness, egoism, 'narcissism', through extension of love object to parents, to adult sex interests, and sublimations." The stage of development reached by these various capacities and acquirements in any particular individual can be roughly determined by special tests, but much further study of them is needed.

IV. What are we who have minds? Each of us is a unique combination of capacities, tendencies, and acquirements, which make up his character or personality. This or that capacity is strong in one man, weak in another; the acquirements of this man may be biologically and socially good, and the acquirements of that man poor; experiences and complexes may be of a helpful or a harmful nature. There is great diversity also in the uses we make of our various

capacities and acquirements—our way of handling our daily tasks and our difficult situations. A few more or less accurate tests have been devised to measure these personality traits, but most of them must still be estimated by observation. Here, too, much further study is needed.

V. What do we do with our minds? We use them to make adjustments to our environments. Every change in our environments—and they are constantly changing—must be met by some adjustment, but we can often exercise some choice as to what the adjustment shall be. All adjustments have both internal (mental, physiological, and physical) and external (behavioristic) components. The internal mental components involve both the conscious use of the mental capacities already discussed and of those other mechanisms, usually with a large affective element, of which we may be partly or completely unconscious (attitudes, prejudices, complexes, and so forth). The physiological and physical components consist of the nervous, circulatory, secretory, etc., activities, and the motor reactions involved in our behavior. The external adjustments constitute our behavior and range all the way from simple reflex responses to the multiform activities involved in supporting oneself and perhaps others for a series of years. Mental hygiene as a science is interested in the intricate systems of mental mechanisms that lie back of behavior—in other words, the way we use the capacities that we have.

VI. Maladjustments by normal persons. Maladjustments do not always indicate abnormality. None of us always makes the best use of the abilities he has or has the abilities to make the best adjustment called for by every situation. Most maladjustments in normal persons result from their failure to use capacities and acquirements that they have and can use. Abnormal people—people who are defective or ill—maladjust because they never had or temporarily cannot use some essential capacity or acquirement. Some of the maladjustments of normal persons are biologically disadvantageous to the individual. Failure to use the perceptive powers, for instance, may result in such acts as taking medicine out of the wrong bottle or shooting a friend with an "unloaded" gun, and failure to use the thinking capacities in throwing a burning match into a waste-paper basket or trying to cross a railroad track in front of a train. Other of these maladjustments are biologically advantageous to the individual himself, at least temporarily, but socially harmful—for example, stealing, forging, cheating, and the other delinquencies that may be committed by normal persons. These arise from failure to form or to use ideals of conduct which the individual is perfectly

competent to form and use. The obscure and complicated mechanisms that produce these failures are an important part of the subject matter of mental hygiene.

VII. Helpful factors. Much more stress has been laid upon factors that are harmful to mental health and satisfactory self-adjustment than upon positive, constructive factors. Among the latter the following probably are of great importance: a good endowment; good health; a good home; good schools; a good neighborhood; good working conditions; good recreational facilities; good companions; good employers or other official superiors; good information as to sex, health, and so forth; fair treatment by others; good habits, attitudes, ideals, and ambitions.

VIII. Harmful factors. Study of the factors that lead to inefficient lives belongs rather to such sciences as psychiatry, sociology, and criminology, yet mental hygiene also must take note of them. They include poor heredity; bad environmental conditions; unfortunate experiences, such as sex traumata or other affective shocks; and bad personal habits—*i.e.*, alcoholism and other forms of self-indulgence, poor attitudes, and the like. The effects of these factors may be various degrees of mental disease or mental defect, delinquency, dependency, or general inefficiency. Preventive measures must be sought through studies not only of individuals, but of communities. Treatment of the results of these harmful factors belongs properly to the sciences already mentioned—psychiatry, sociology, and so forth. Its object is to help the patient to understand himself, to make proper substitutions for the things he cannot or should not do, to find compensations for handicaps, and to sublimate his ungratifiable desires.

Mental Health as an Art or Practice.—This phase of mental hygiene deals with the application to the actual problems of living of the facts and principles collected and formulated by the science. They are applicable to and by institutions and organizations (schools, industry, the courts, penal and reformatory institutions, hospitals, orphanages, the church) and individuals (parents, children, teachers, employers and employees, physicians, clergymen, lawyers, and citizens in general). The fundamental principles of mental hygiene are applicable to all these groups, but each has also its special needs and opportunities.

Mental Hygiene as an Organized Movement.—Dr. Abbott traces the mental-hygiene movement from the founding of the Connecticut Society for Mental Hygiene in 1908 and of the National Committee in 1909 to the time at which his paper was written, when mental-

hygiene organizations had increased to 22 state societies and 9 national organizations in this hemisphere, Europe, and Africa. He outlines the aims and accomplishments of the National Committee and the various state societies and concludes with a brief summary of what yet remains to be done.

REVERY AND INDUSTRIAL FATIGUE. By Elton Mayo. *The Journal of Personnel Research*, 3:273-81, December, 1924.

The experiment discussed in this paper was conducted in a textile mill which Professor Mayo was asked to investigate because of an unusually high labor turnover in the spinning department—about 250 per cent per year as compared with 5 or 6 per cent in the other departments.

Investigation showed that while the spinners had the same working hours as the other operatives—ten hours a day for five days a week—their work was very monotonous and tended to produce postural fatigue. Observation and conversation with the workers revealed the facts that practically all of them suffered from foot trouble and many of them from neuritis and that their reveries were monotonously and uniformly pessimistic. Their opinion of their work was low—"You need strong legs and no brains for this work"—and it was not an uncommon thing for a worker to flare out into apparently unreasonable anger and throw up his job.

It was decided to try the experiment of giving one team of workers—about one-third of the total number—two or three ten-minute rest periods both in the morning and the afternoon, permitting them to lie down and instructing them in the best methods of relaxation. The idea was to give them relief from postural fatigue and to interrupt, if only temporarily, their gloomy reveries.

The experiment was an immediate success. With no decrease in production, the symptoms of gloomy preoccupation vanished, the labor turnover ceased, and the morale of the men was greatly improved. It was felt that these marked effects could not be due merely to the elimination of physical fatigue. In the first place they showed themselves immediately, while, according to investigators such as Myers and Vernon, relief from physical fatigue is not expected to show for about two months. In the second place, the improvement in morale seemed to extend to workers not on the team.

Pleased with these results, in October 1923, the management put the rest-period system into effect throughout the whole spinning department. This made it possible to measure the effects of the system upon the productivity of the department. The company have devised a scheme for estimating productivity in terms of efficiency percentages.

Each department is asked to reach an average of 75 per cent a month in return for the flat-rate wage. For any percentage over 75, every man in the department is given a corresponding percentage of increase in his wages as a bonus—5 per cent if the department averages 80 per cent, 10 per cent if it averages 85 per cent, and so forth. Before the institution of the rest-period system the spinning department had never earned a bonus. In October, the month in which the new system was put into effect, the efficiency percentage rose to 79½, in November it was 78¾, in December 82, in January 78¾. In the middle of February, owing to a heavy demand for goods, the system was abandoned for a week, at the end of which Professor Mayo found that the old pessimistic reveries had returned, accompanied by some of the old symptoms of fatigue. He did not know until later that a sharp fall in productive efficiency was taking place at the same time, but on the basis of the symptomatic revery alone, he demanded and secured from the management the resumption of the rest periods. Productive efficiency promptly rose, bringing the February average up to 80 per cent.

In March the percentage dropped to 70 per cent, due to a recrudescence in absenteeism, which had notably diminished since the previous October. It was suggested that this might be explained by the fact that the rest-period system had not been put into effect as originally planned—that the men, instead of being given a certain definite number of rest periods which they could count upon at set periods during the day, were required to "earn" their rest periods, being allowed to rest only after a certain operation had been completed. Up to March this modification of the system had worked fairly well. On some days the men had only two rest periods, but for the most part they had three or four. In March, however, the incidence of rest periods became very irregular and uncertain; on one day some of the men might have no rest periods at all, others two or three, rarely four. The recrudescence of absenteeism meant that the men were taking their rest periods in the form of "missed days", which resulted in chaos in the factory and did not fulfill the purpose for which the rest periods had been instituted. Professor Mayo pointed out that an important feature of the plan was the systematic allotment of the rest periods, so that a man would know, when he entered the factory in the morning, that he would have a certain number during the day.

The president of the company therefore ordered that during the month of April all the spinning mules should be shut down for ten minutes four times a day, and that all the men, including the foremen, should lie down and relax as they had been taught. There were very few who believed that production could be increased by this method,

even the men themselves feeling that the forty lost minutes could never be made up. But the April percentage was 77½, a gain of 7½ per cent over March, and at the same time the symptoms of pessimistic revery had again disappeared and the morale of the men had greatly improved.

In May, there was a return to the alternating rest periods, with the difference that the men themselves were allowed to choose the method of alternation, the only proviso being that each man was to have at least four periods a day. The percentage for this month was 80¼. In June it reached the record of 85 per cent. It dropped to 82 in July, owing to the heat and other difficulties, but in September it rose again to a new high record—86½ per cent. Professor Mayo feels that the greater progress from April on was due to the effect upon the men of the absolute certainty that they would have a minimum number of rest periods a day.

The increase in productivity, however, was really only a by-product of the experiment. It was no less successful in its primary purpose; during the twelve months of the experiment, there was no labor turnover at all. That does not mean that no worker left the factory, but that the labor turnover as an emotional and temperamental problem had ceased to exist. The morale of the men had improved, physical fatigue and absenteeism had diminished, and the attitude of the men toward their work was cheerful and normal. The management was so thoroughly convinced of the value of the system that they decided to purchase army cots for use during the rest periods, experience having shown that the benefit is directly proportioned to the completeness of the relaxation.

Professor Mayo feels that the investigation was of value also in its bearings upon the much discussed question of the effects of monotonous work upon the worker. The conclusion to be drawn from his results seems to be that the crux of the matter is not the kind of work, but the kind of mental preoccupations induced in the worker by the conditions of his work.

"Speaking generally, it may be said that an individual's daily work or avocation may serve to minimize or to intensify any preëxisting tendency to pessimistic or paranoid meditation. Every one, worker or executive, probably carries with him a private grief or discontent. Wherever the conditions of work are unsuitable, physically or mentally, the immediate effect seems to be an increase of pessimistic or bitter reflection. The opinion of the worker as to the suitability or otherwise of his working conditions is apparently of no value in this respect. A given worker may believe that he is content with his job because of the revery that preoccupies him. This same revery may nevertheless tend to unfit him as a producer or as a citizen and father

or both at once. And if the worker is not content with his job, he is usually as powerless as the executive who commands him to define the ground or cause of his discontent. It is not monotony in itself that is necessarily bad, but rather repetitive work under conditions that make for the development of pessimistic or other abnormal preoccupation. . . .

"Work in the factory or machine shop may be various and interesting; it may also be, and very often is, extremely monotonous and depressing. Given that a person of average ability is continuously employed upon a job of extremely repetitive type after the advent of physical fatigue, then a situation is created exactly similar to that described by Janet and Freud as liable to give rise to functional mental disorder. It is difficult to avoid the conclusion that the most fertile cause of industrial and social unrest lies here."

BETTER STATISTICS OF THE FEEBLEMINDED. By Horatio M. Pollock, Ph.D. *The State Hospital Quarterly,* 9:544–48, August, 1924.

A short discussion of the function of statistics introduces this plan for a more extensive and more adequate use of statistical methods in the study of feeblemindedness. Statistics are not an end in themselves, Dr. Pollock points out, nor are they compiled simply to fill out annual reports; they are valuable in so far as they give accurate information with regard to large groups of persons or phenomena, revealing trends and laws of cause and effect that could be discovered in no other way. Business organizations—banks, bond houses, life-insurance companies, industrial and commercial establishments—are compiling statistics to serve as guides in the conduct of their undertakings. Even in professional baseball, success and popularity depend largely upon the careful statistical records that are kept of each game and each player.

In comparison with this rapid development of business statistics, social and institutional statistics are sadly behind the times. Understanding and treatment of the problem of feeblemindedness have made wonderful progress in the last twenty years, but the work has been handicapped by the lack of available data concerning the feebleminded in both state and nation. The Federal Census Bureau has had little success in its attempts to enumerate the feebleminded persons in the general population. Such attempts were made in the decennial censuses from 1850 to 1890, but the results were neither accurate nor complete, and since 1890 the bureau has confined its studies to feebleminded persons in institutions.

A noteworthy advance in this field was made in 1920 when the Association for the Study of the Feebleminded adopted a uniform plan for the compilation of statistics of feebleminded persons in

institutions. Every effort should be made to extend the use of this system to all state institutions for feebleminded persons, as much of its value will be lost unless full coöperation can be secured.

Much more information about feeblemindedness than has hitherto been available will be given in the census now being compiled in Washington. "First admissions will be separated from readmissions and transfers, and the degree of mental defect of admissions and of the institution population will be given. The comparative extent of mental deficiency among various races and nationalities, among native and foreign born, and among dwellers in city and country will be shown more completely than ever before. Another noteworthy feature of the forthcoming census report will be comprehensive comparative data relating to the finances and personnel of the institutions."

From the point of view of eugenics, reliable data with regard to feeblemindedness, both in institutions and in the community, are earnestly to be desired. The obstacles in the way of an adequate enumeration of feebleminded persons outside of institutions are at present too formidable to be overcome, but such an enumeration is a goal to be striven for.

In the development of institutional statistics, two steps should be taken: "First, central bureaus for the compilation of such statistics should be established in every state in which they are now lacking. Secondly, such bureaus should make uniform annual reports to the Federal Census Bureau, which in turn should combine the several state reports into one comprehensive annual statistical review. The advantages to be derived from such a plan may be briefly summarized as follows:

"1. The several institutions would be relieved of the burden of compiling and publishing annual statistics—statistics that at best are too limited to have much significance.

"2. Central state bureaus with expert staffs and adequate equipment could easily tabulate the annual tables, and, in addition, could make valuable research studies from the vast amount of statistical material at their disposal.

"3. Data needed by state, governmental, and social agencies would be readily available.

"4. An annual statistical review giving comparative data of the institutions in the several states would prove a great aid and stimulus to institution superintendents and to legislators in the several states.

"5. People specially interested in any branch of institution work, and the public generally, would be able to obtain definite information in answer to any reasonable question they might ask."

BOOK REVIEWS

THE CHILD: HIS NATURE AND HIS NEEDS; A SURVEY OF PRESENT-DAY KNOWLEDGE CONCERNING CHILD NATURE AND THE PROMOTION OF THE WELL-BEING AND EDUCATION OF THE YOUNG. Edited by M. V. O'Shea. Valparaiso, Indiana: The Children's Foundation, 1924. 516 p.

The aim of this admirable volume, in the words of the editor, is "to sum up and apply what is known regarding the nature and the physical, intellectual, social, and moral needs of childhood and youth". "The Children's Foundation has addressed itself to the task of bridging the gulf between knowledge and practice in respect to the care and culture" of children.

The book is divided into three parts and discusses the present status of our knowledge of (1) child nature, (2) child well-being, and (3) education. Specialists in various departments of child study have contributed articles dealing with the child's instincts and impulses, his active nature and needs, the development of intellect in childhood and youth, the child's moral equipment and development, and so forth.

The first chapter, by Professor Baldwin, of the University of Iowa, is entitled *Bridging the Gap between Our Knowledge of Child Nature and the Training of Children.* Professor Baldwin calls attention to the fact that at present "we have sixty national organizations to promote child welfare and thousands of persons engaged in this praiseworthy activity, but the number of organizations devoted to research in this field is limited to very few". He cites, as the outstanding recent writers who successfully combine theory and practice in child development, James, Dewey, Hall, Thorndike, Binet, Stern, Bagley, and Terman, and refers to William James's *Talks to Teachers*—"the first distinctive book in educational psychology in this country"—Dewey's *School and Society,* G. Stanley Hall's *Youth,* Thorndike's *Principles of Teaching,* Binet's *The Development of Intelligence in Children,* Stern's *Psychological Methods of Testing Intelligence,* Bagley's *Educative Process,* Terman's *Measurement of Intelligence,* and so forth.

He discusses briefly the Dalton Plan, which "provides for the various phases of individual development", the Batavia Plan, the Winnitka System, the Mannheim System, the platoon school—"com-

bining social participation and theory''—and the two- and three-track plans.

He points out that ''the purpose of educational psychology is to analyze, classify, describe, explain, and evaluate educational processes in the child in order to discover principles of child development and to bring the child into situations that will stimulate and foster good mental and physical growth''.

He goes on to discuss the development of laboratory experimental schools like those of Pestalozzi and Froebel and refers to the Francis W. Parker School in Chicago, which emphasizes community life and the formation of character, and to observation schools and pre-school laboratories.

He then takes up the question of the study of the physical development of the child, gives sample weight-height-age tables and charts curving individual growth, and discusses the relation of mental to physical growth and the application of the principles of mental and physical growth to the promotion of children in school.

Mary T. Whitley, of Teachers College, Columbia, in a chapter entitled *The Child's Instincts, Impulses, Active Nature, and Needs,* discusses the commonly observed likes and dislikes of children, and the means of encouraging and strengthening desirable reactions and right impulses, stressing satisfaction or reward and stimulation. She warns against bad training, inculcating fear, the fighting response, and the disposition to whine and to complain by rewarding these undesirable tendencies. She considers the various ways of redirecting tendencies by substitution and sublimation. She cites Watson's view that rage, love, and fear are *the* three typical modes of behavior—*i.e.,* ''fundamental trends''—and goes on to enumerate the ways in which children's tempers may be spoiled, and the logical modes of dealing with anger.

She takes up the three periods in the sexual life of a child—(1) ''the neutral period'', from birth to about the third or fifth year; (2) ''the undifferentiated period'', lasting up to puberty; and (3) ''the developmental period''—and gives the outstanding characteristics of each age, referring to the origin of bad sex habits, perversions, and the like, and going on to consider some of the emotional phases, including ''crushes''. She discusses the direction of the sex instinct and warns against repression of it, pleading rather for substitution and sublimation, as in athletics and in various forms of creative work, in art, music, craftsmanship, writing, and so forth.

She cites fright in childhood as a source of maladjustment and discusses children's fears and the fact that ''the obsessions, phobias, and horrors of 'nervous' adults are almost always traceable to some

early childhood experience". "Fears must be met in the open and conquered, rather than suppressed."

From an admirable discussion of fears and methods of dispelling them, she goes on to consider "the instinctive desire to acquire and own things" and its relation to a child's sense of self and group consciousness. She next discusses motor abilities at different periods of childhood. This chapter is of practical value as an aid in checking up as to whether or not a child is being unduly pampered, waited upon, and babied. It is helpful as a guide in child training and in the choice of games and occupations appropriate to various ages and needs.

Her treatment of the whole subject of the child's play life is a happy and valuable contribution. She stresses the need for greater space, for more time and less pressure, for playfellows and suitable toys. "It is the joy in activity that is the essence of play, not mere passive admiration of a technical perfection." She cautions against "bossing" and recognizes "freedom of choice" as essential. She points out sex differences and their bearing upon the determining of types of activities, and also brings out the educative and moral values of various types of play.

The development of the intellect in childhood and youth is taken up by Professor Dearborn, of Harvard University, who discusses the work of Binet, Simon, Kuhlmann, and Terman and the standardization of mental tests; also the need of a correlative study of physical and physiological development. He cites interesting cases.

Henry Neumann, of the Ethical Culture School of New York City, discusses the child's moral equipment and development. He emphasizes the fact that "there is no such thing as a distinct training in character apart from the rest of the child's development", knowledge, feeling, habit, and physical condition each playing a part. He enumerates the various normal desires which can be wisely directed in such a way as to further moral growth. He also shows what "resources from without" can be employed in the development of worth-while inner tendencies, of self-reliance and a sense of responsibility. He warns against negative suggestions and "horrible examples", and emphasizes trust in the child's better nature.

"The child is neither an angel nor a demon, but a being with all sorts of native propensities whose outcome is shaped by the direction in which we guide them."

Frederick E. Bolton, of the University of Washington, contributes a chapter on the social traits of childhood and youth. The term *social* he uses in two senses—"to designate (1) the primitive, crude beginnings of social consciousness" and (2) "social consciousness of

a high order, involving altruism, morality, true citizenship, and religion". He discusses the relation of instinct to social traits and takes up gregariousness and social traits among primitive peoples.

He treats of imitation in earliest childhood and in adolescence, and of language as a social development. He calls attention to the child's love of approbation and desire to excel and the good uses to which these qualities may be put. He gives interesting illustrations of school activities that utilize the gang spirit and make for efficient citizenship and healthy altruism.

E. A. Kirkpatrick, director of the child-study department of the Massachusetts State Normal School at Fitchburg, deals with the child's mastery of the arts of expression—language, drawing, and music. He points out that "the chief fault of both class and individual teaching is calling attention to errors. . . . Negative directions always do more harm than good. . . . In practice accuracy should be sought before speed."

The second part of the book treats of the present status of our knowledge of child well-being. Dr. Goddard, professor of psychology at Ohio State University, makes the first contribution to this section of the work. He brings out the facts that "the gap between our knowledge of child well-being and our actual care of the child is enormous, and that many of the most serious problems (as, for example, crime) are increasing in magnitude and complexity". He feels that most of the present social, intellectual, and moral irregularity are attributable to our faulty care of the young. He points out that moralists oftentimes spend their energies in tilting at windmills instead of ferreting out the source of the trouble. He stresses the differences in personality make-up and endowment of individual children and hence their different needs, which are at present being inadequately met, and gives illustrations to bear out this point. He shows that we need special classes for the bright as well as the dull child, and that our problem is to develop in the child a group consciousness, to modify his instincts in the interests of the group. He deplores our unsound methods in the training of psychopathic, unstable children, for whom very different treatment is indicated than that which they get in most cases.

Dr. Emerson, of Tufts Medical School, considers the relation of nutrition to mental development and summarizes the findings of Baldwin and others in regard to physical growth and school progress. With improvement in nutrition we hope for increased power to function "rather than an increase in native ability".

He gives as the essentials of mental health (1) the teaching of *obedience,* (2) mothering, (3) regularity, and, later, responsibility,

and emphasizes the need of a good home environment where the force of example plays as important a part as does training.

He calls the pre-school age the most neglected period of life, and urges a "broad nutrition program in the school system". He tells of the epoch-making work done by nutrition classes in overcoming malnutrition and thereby promoting mental health.

Dr. White, of St. Elizabeths Hospital, Washington, contributes a chapter on the mental hygiene of children of the present day, endeavoring to interpret the child to his elders. First he shows that "the child thinks differently from the adult", but his ways of thinking and of feeling are within our power of comprehension if we make adequate effort to understand them. For one thing, the child is exceedingly alert and very impressionable; with a given endowment he is ever trying to adjust satisfactorily to his surroundings, he is plastic, and hence childhood is "the golden period for mental hygiene".

Parents do not *own* their children, but rather have them in trust and are being held more and more accountable for the reactions shown by these children. The parent is taken by the child as a model to be emulated as closely as possible, and therefore exerts an immeasurable influence by what he *is* more than by what he *does*. Dr. White points out the fallacy of an attempt on the part of parents and teachers to mold the child's personality in the form that *they* conceive to be the right one. Owing to the complexity of personality make-up, this usually proves to be wrong. He stresses the truth that the impetus and initiative must come from within the child himself. He discusses the various forms of mental and nervous illness shown by children owing to many factors that lead to maladjustment, including faulty environment and parental training. He cites very instructive cases and pleads that parents honestly examine their own reactions as well as those of their children, since the explanation of the child's inferior habits may be thus discovered.

Dr. Winslow, professor of public health at Yale Medical School, takes up the prevalence and cure of sense defects—defective teeth, sight, hearing, and so forth—and gives the percentages of various defects found in average groups of American school children, considering these in some detail and urging frequent medical examinations for the purpose of preventing damage incident to neglect.

Dr. Healy, director of the Judge Baker Foundation, Boston, contributes an excellent chapter on the treatment and prevention of delinquency. He discusses the favorable influence of a good environment in counteracting aberrant tendencies, and the undesirable influence exerted by certain personality traits of parents and of misguided

or inflexible teachers. He says, "With all the admiration which I have for the teaching profession and for most members of it whom I know, I sometimes am compelled to believe that the greatest requisite for good teaching is the fine personal influence that can come only through understanding the natural history of the child, and this must include appreciation of the needs and responses of the overly sensitive, the unstable, the psychopathic personality."

He stresses the need for delving into the ideation back of delinquent acts, the times and periods when these acts occur, and the attendant circumstances. He cites several interesting cases, takes up the question of treatment, and discusses the use and abuse of discipline and punishment.

The care of intellectually inferior and superior children is discussed by Dr. Gesell, of the Yale Graduate School, and Dr. Leta Hollingworth, of Teachers College, Columbia University. Dr. Gesell summarizes the psychological studies and the methods of ascertaining various degrees of mental defect. He stresses the need of recognizing defect in children of pre-school age that they may receive suitable training from the start and that patience and tolerance may be exercised. He recommends encouragement, a maximum of praise, and a minimum of scolding. He sees vocational training as of paramount importance. "All but the lowest grade of mentally deficient children are educable, trainable, improvable. We cannot make over a mentally deficient child into a normal child, but we can organize and condition his behavior in constructive ways."

Dr. Hollingworth discusses children of superior intelligence—*i.e.*, those who have an I.Q. of 130 or over. She points out that these "specially gifted" children are apt to be the youngest in their class; they learn as a rule rapidly and progress twice as fast as the average child; they are usually of superior physique, character, and temperament. They maintain their superior status and do not eventually become mediocre. They most often come of superior stock and have outstanding relatives, persons of merit and distinction.

Educational policy at present very inadequately meets the needs of these exceptionally endowed children. Hence their full capacities are not realized. An effort is, however, being made to correct this state of affairs and to furnish them with adequate opportunity for their maximum development.

Dr. Winfield Scott Hall, of Northwestern University, contributes a chapter on the adolescent. By adolescence he means "the three-year period of puberty and the four- or five-year post-puberty period". The pre-adolescent boy he describes as "a young barbarian, unmoral rather than immoral, unsocial rather than antisocial". The

mid-adolescent youth becomes "positively moral and ethical or immoral and unethical". The girl of mid-adolescence is oftenest an idealist and an altruist.

Dr. Hall discusses the rôle played by the internal glandular secretions in the physical, psychic, and emotional development of the two sexes. He makes a plea for control of the sex urge and for continence as "the ideal life during unmarried youth". After maturity is reached he sees in monogamous marriage the ideal relationship of the sexes. He discusses the dire results of the "social evil".

Some persons would take exception to his attitude toward the topic of masturbation. He uses the old term "self-abuse" and looks upon it as "an unnatural act" and "revolting". He even seems still to entertain the idea that "self-abuse" may possibly cause insanity! He also feels that both "self-abuse" and spontaneous nocturnal emissions following strong sexual excitement deplete one of manly vigor. He makes a plea for "the continent life, the life of no sex indulgence of any kind, as the only regimen that will keep a man perfectly fit physically". Dr. Hall's views upon these subjects will not find much support from other authorities. Dr. Hall also advocates circumcision of all boys during infancy, an extreme point of view with which many would not agree. He wisely urges frankness and truthfulness on the part of parents in meeting all questions asked by children on the subject of sex, the origin of life, reproduction, and so forth.

The third and last section of the book deals with the present status of our knowledge of education. Honorable John J. Tigert, U. S. Commissioner of Education, contributes a paper on the need of bridging the gap between our knowledge of education and our educational practice, and Professor O'Shea, of the University of Wisconsin, discusses the changing objectives in American schools, the changing courses of study, and methods of teaching and management. He also has chapters on promoting the health and physical development of school children and on extending educational facilities, opportunities, and requirements.

Commissioner Tigert points out that "the lack of a scientific method of attacking education has probably been the most outstanding difficulty in harmonizing knowledge and practice in education". "Sometimes knowledge is ahead of practice, and at other times practice is ahead of knowledge." He shows how conservatism has persisted in educational methods and has retarded progress. Another handicap is the fact that the control of education has been largely on a political rather than on a professional basis. He shows the urgent need for reorganization of the school curriculum in America, and emphasizes

the fact that there has not been proper articulation between the various parts of our educational system.

Professor O'Shea elaborates upon the theme that "while parents wish their children to study subjects which will be of value to them in their intercourse with people, still they have in view superficial rather than profound social adjustment", and such subjects as psychology and philosophy, designed to give an understanding of human nature, are infrequently elected in the colleges and universities.

He goes on to say that teachers and students of education primarily, and not parents or pupils, are determining the objectives in our schools to-day, and the one fundamental objective in American education is preparation for all the needs of actual life, including social adaptation and personal and civic relations.

He discusses the pruning out of all subjects that have held a place in our curricula heretofore solely for the disciplining of mental faculties. "The knowledge that will confer the greatest amount of culture upon the child is that which will enable him to interpret the nature and needs of the people among whom he lives, and to adjust himself to them in harmonious relations."

He tells of the "vigorous movement in the public schools to put all the work of home-making on a scientific and dignified basis, and of the debate taking place between the advocates of cultural and the advocates of vocational education". We favor in America learning "to do by doing". "Dynamic" education is coming more and more into vogue, rather than "static"; hence the striking changes in our methods of teaching.

He discusses the physical development and health of our people, the hygiene of our school buildings, and the protracted confinement in schools at sedentary occupations and brain work during the most active years of childhood. He takes up the question of the relation of malnutrition and nerve strain, and tells of the supplementary milk lunches supplied in schools to children who are under weight. He points to the tense pace of our modern life and the exciting influences of the street, and calls attention to the need for calmness, a quiet tone, and equanimity in both teacher and parent. There should be quiet periods of repose and relaxation during the school day.

Medical examination is the rule in all schools in thickly settled communities and in many rural ones, and physical education is part of the school work; physical development is furthered by the establishment of many playgrounds.

Dr. O'Shea questions why the study of physiology has so far been so barren of good results, and believes it to be because it has been too technical and too far removed from practical, everyday problems.

As a people we are rapidly extending our educational facilities, opportunities, and requirements. Our impressive school buildings dominate the landscape. We are acting on the principle that the well-being of a people depends upon thoroughgoing education of the young.

Professor O'Shea mentions the tendency to extension of the school year to an all-year school. He also refers to the present tendency to enforce compulsory laws more rigorously and to combat truancy, the ideal being to make the curriculum so attractive that even the most restless children will *elect* to go to school. The school age is being extended generally in this country, and the junior high school has been created, facilitating the transition from the elementary to the high school.

In addition to the original articles comprising this survey, there is also a full bibliography, and, finally, an appendix with short biographical sketches of the various contributors.

MARIANNA TAYLOR.

Boston Psychopathic Hospital.

THE MEANING OF MEANING; A STUDY OF THE INFLUENCE OF LANGUAGE UPON THOUGHT AND OF THE SCIENCE OF SYMBOLISM. By C. K. Ogden and I. A. Richards. New York: Harcourt, Brace, and Company, 1923. 544 p.

This book of Ogden and Richards is a very timely discussion of a very important theme. It is no less than an undertaking to establish how meaning came to be what it is, and necessarily involves an examination of language and symbolism. Language, as the most important tool of human communication, embodies all sorts of traditions which come to us from the past and which are responsible for much that is erroneous in our ways of expression and in our ways of thinking. Not the least important of these erroneous things is "the superstition that words are in some way parts of things or always imply things corresponding to them". (Page 19.) Owing to this superstition, the power of words is frequently exercised in a way that produces erroneous results, at least unless it is fully conscious, as it rarely is. The authors attempt not only to point out many of the errors that arise as the result of this superstition and other traditions, but to formulate them. They feel that "a new science, the science of symbolism, is now ready to emerge, and with it will come a new educational technique. Language is the most important instrument we possess. At present we attempt to acquire and to impart a knowledge of its use by mimicry, by intuition, or by rule of thumb, in contented ignorance of its nature." (Page 381.) They emphasize that,

aside from the use of language as having reference to some particular thing, language has an emotive function—that is, it tends to stir up certain affective responses, a function that every one knows more or less intuitively, but that is rarely consciously and intelligently utilized. Schuster has said that "a happy nomenclature has sometimes been more powerful than rigorous logic in allowing a new train of thought to be quickly and generally accepted". (Page 186.) Such emotive functions are, therefore, of extreme importance, particularly in initiating new ways of thinking.

Unfortunately the book as a whole presents its thesis in a form that makes it exceedingly difficult to grasp. The average reader will find the book the hardest kind of reading. There are two supplements, however, which are valuable and which do not present these disqualifications. Malinowski's article on primitive languages states the situation very much more simply and understandably when he undertakes to say briefly that the meaning of a word or an expression can never be understood if the word or expression is not considered in relation to the situation in which it occurs. For example, on page 456, he says: "But the object of a scientific translation of a word is not to give its rough equivalent, sufficient for practical purposes, but to state exactly whether a native word corresponds to an idea at least partially existing for English speakers, or whether it covers an entirely foreign conception. That such foreign conceptions do exist for native languages and in great number, is clear. All words which describe the native social order, all expressions referring to native beliefs, to specific customs, ceremonies, magical rites—all such words are obviously absent from English as from any European language. Such words can only be translated into English, not by giving their imaginary equivalent—a real one obviously cannot be found—but by explaining the meaning of each of them through an exact ethnographic account of the sociology, culture, and tradition of that native community." For him human speech is a mode of action rather than a countersign of thought, a mode of social action rather than a reflection of thought. The consideration of linguistic uses associated with any practical pursuit leads us to the conclusion that language, in its primitive forms, ought to be regarded and studied against the background of human activities and as a mode of human behavior in practical matters.

The supplement by Crookshank gives an excellent example of how failure to appreciate the function of language helps to confuse a specific problem in medical diagnosis.

WILLIAM A. WHITE.

St. Elizabeths Hospital.

PSYCHOLOGY AND PREACHING. By Charles S. Gardner. New York: The Macmillan Company, 1924. 389 p.

This book is in reality a textbook of psychology with specific application to the problems of the preacher. Professor Gardner shows an acquaintance with the science of psychology that must have been gained through serious and careful study of the many schools and fields into which psychology has become diversified. He knows the methods and results of the standard laboratory experiments. He has read, cogitated, and then formulated his own ideas into a rational system. In this book he attacks the main problems that present themselves to the preacher and applies sound psychological principles as an aid in their solution.

It is a rather fearless thing for a man to apply the principles of a science that tends toward mechanistic implications to a method of preaching. It is quite the antipodes of the ostrich method of hiding one's head under the cover of the sacred word and denying the facts of science. Psychology, in its more spectacular and superficial aspects, has of course been applied to preaching for centuries. But in this book the psychological stunts—stirring up intense and gesticulatory emotions, extreme reactions, theatrical suggestions—are cast aside. The tools recommended are reasoning, self-control, and the cultivation of a broad point of view. It is encouraging to know that in his capacity of professor of homiletics and sociology in the Southern Baptist Theological Seminary, Professor Gardner will influence to a considerable extent many of those who are going out into the preaching world.

Professor Gardner's psychology is eclectic. It cannot be called introspective, nor is it behavioristic. He has taken what seemed to him to apply to his problem, what he believed would be helpful to young ministers, without much consideration for the quarrels of contending schools. It is a pragmatic selection and serves his purpose well.

The author's method of presenting his material is first to attack a general subject—"images", "sentiments", "volition", or whatnot. He defines the terms, classifies, analyzes, and tries to see just how the mechanism works. He then applies the principles evolved to the field of preaching religion. Take as an example his chapter on feeling. He begins by distinguishing between feelings, feeling tones, and emotions. He shows the relation of feeling—which he defines as "the conscious side of emotion"—to the motor mechanism. Incidentally he points out that strenuous motor activity does not necessarily indicate depth of feeling. " Cultivated persons whose physical expressions are restrained and controlled feel more deeply than uncultivated persons

who practice little self-restraint. . . . As a rule it is not the person who is hopping or clapping his hands who really *feels* the joy or grief most keenly, but the quiet, self-controlled person at his side, in whom *conflicting and mutually hindering motor tendencies are aroused, resulting in a temporary state of organic tension and superseded action until rational processes intervene, resolve the conflict, and release the impulse through the selected motor channel or else inhibit it altogether.*" This quotation is a fair example both of the style of writing and the manner of reasoning by which the author explains everyday observations in a vocabulary of modern psychology.

The James-Lange theory, Weber's law, and other well-known theories are introduced as a foundation for an application of the principles involved. The law of negative adaptation—becoming so used to a stimulus that it no longer arouses a response—explains why it is that often the preacher finds his congregation growing less responsive to an appeal that was once effective. "How often does the politician find his audiences listening with increased coldness to phrases and slogans which once seemed to open as by magic the floodgates of political passions. . . . From this point of view, we may understand better the causes which are impelling so many preachers, especially evangelists, to the employment of 'sensational' methods. These adventitious and sometimes questionable devices may serve the purpose of inducing for the time being a heightened sensibility to worn-out appeals to feeling, but the law of adaptation cannot be successfully evaded . . . and the constant employment of such means of inducing temporary sensibility only makes more precipitous the way that leads down to insensibility."

Throughout the chapter Professor Gardner's thesis is the union of reason and emotion. One should be sensitive to many shades of feeling, but they should be kept under the control of reason. Intelligence should enrich the emotional life. The preacher, above all, must possess the combination of intelligence and breadth of feeling that is synonymous with culture. His function is to promote "a rounded and balanced culture", for, "it is the culture which develops the entire range of human capacities that brings the religious life to its highest fruition".

The subject of assemblies, or so-called "mob psychology", is discussed. *Mental Epidemics* is another chapter heading. One chapter is devoted to the analysis of "occupational types". Here the author makes no attempt to ferret out the reason why any one should choose to study for the ministry, as one whose interest ran along psychoanalytic lines would not have neglected to do. But once the field is

chosen, he points out influences that tend to mold the behavior of ministers. Their economic dependence tends to make them fawn at times; their capacity of preaching to others makes them liable to the development of a dogmatic attitude; the old traditions of priesthood, which set the preacher aside from the laity or the "profane" and made him self-conscious, the very habit that he dons, influence his behavior and tend to make it stilted. Overcompensation for this stilted attitude may make him too ordinary, too free, and lose him the respect of his parishioners. His problem of adjustment is an extremely difficult one.

And he not only has to watch his own personality, but must also be conscious of the personality tones of his audience. The laboring man and his type are discussed. An attempt is made to show why the church is losing so many laboring men. One of the reasons assigned is the suspicious attitude of laboring men toward those who are financially supporting the church. Too often the pulpit has been made a tool in the attempt to reconcile the laboring man with his economic injustices. The business man, too, has a psychology and a spiritual need all his own. He thinks so much in terms of personal success from the point of view of power and financial supremacy that he has almost lost sight of his soul. He evaluates everything quantitatively. The preacher must be able to speak to each of these classes in terms that they can understand and apply to their everyday lives.

The intellectual level of the book is high. It will no doubt prove very helpful to students, and should stimulate them to a more detailed and careful consideration of the principles that modern psychology has to contribute. It should make their preaching more universal in its appeal and more sincere in its tone.

SADIE MYERS SHELLOW.

Smith College School of Social Work.

MOBILIZING THE MID-BRAIN. By Frederick Pierce. New York: E. P. Dutton and Company, 1924. 259 p.

A volume of impressive size, largely due to the thickness of the paper, with an enticing title in screechingly large type on the outside cover. Apparently splendid salesmanship and a good eye for advertising allied themselves with the content of the book to further its sale. From the foreword by the author, one gathers that the immediate inspiration of this product was the overwhelming success of Coué's auto-suggestion method, condemned by this author as unscientific and based merely on affirmations.

That Mr. Pierce has a good scent for what may be regarded as "engaging news" is obvious from the title, which promises that the

book will deal with the mid-brain. As a matter of fact, amongst the most startling contributions to the knowledge of the human nervous system made during the past twenty-five years are the physiologic and anatomic discoveries with regard to the mesencephalon. Sherrington of England, Magnus and De Kleyn of Holland, and their followers have opened up virtually a virgin region of neuro-physiologic mechanisms, the clinical significance of which cannot be overestimated. On the other hand, with very few exceptions (*i.e.*, decerebrate rigidity) thus far it has been possible to make very little practical clinical application of these discoveries.

Together with this progress in neuro-anatomy and neuro-physiology during the past quarter of a century, two other lines of endeavor stand out as marking an epoch in medicine—namely, psychoanalysis and endocrinology. It is with these three fields that the author deals in his book, with an air of finality that can come either from a lack of appreciation of the scope and the limitations of the subject or from too great an eagerness to further publicity.

The book professes to lay before the reading public, for its approval and to engage its following, a thoroughly tested out method based on a "liaison between psychoanalysis, endocrinology, and auto-suggestion", for the purpose of solving the neurotic problem. These are to be utilized by the sufferers on the basis of a knowledge of the nervous system, especially of the interrelation of the parts of the brain concerned with consciousness and the unconscious, respectively. Hence the anatomic title of the book.

To begin with, it is obvious that the author confounds the thalmencephalon—the seat of many involuntary neuro-muscular mechanisms, as well as of the centers of the higher vegetative nervous system and presumably also of the unconscious—with the mid-brain, which is rather a limited portion of the brain—an error that a first-year medical student would not be likely to make.

Secondly, he does not show the least understanding of what psychoanalysis is, and that in spite of the fact that he pays tribute to Freud as the founder of the new psychology. To this rather facile writer, who is not a physician, but who probably could write with the same facility on any other subject as on medicine, the contributions of psychoanalysis consist altogether of that phase of it which he is able to grasp—namely, topical aspects of the mind, consciousness and the unconscious, established some thirty years ago. All the subsequent development is clearly beyond him. And yet to judge from repeated references to "my pupils", "my clinics", "my lectures", the unwary would gather that he is a psychoanalyst, and

that all his drivel about it, as well as his extravagant claims of cures obtained, are to be laid at the door of psychoanalysis.

The chapter on glands and emotions deals with what is still scientifically as well as clinically disputable information as to the functions of the endocrines and their relation to mental states. The gist of it all is that much of the neurotic problem is reducible to an endocrinic exhaustion. This is hardly an effort at popularization of what is and what is not known of the endocrines. It is rather a grotesque attempt to simplify intricate scientific matters for the purpose of making a new method of cure negotiable.

The intellectual caliber of this work stands out clearly in the discussion of suggestibility. The "new method" is proffered without the slightest reference to the literature of the psychology of suggestibility, especially the work of Freud and Ferenczi. Claims to originality in having evolved postural states to further suggestibility are made without mention of Hirschlaff's and Maloney's contributions on relaxation exercises. And indirect suggestion is advanced as a revelation without a word of Sidis' study on this subject. Finally, how incongruous is the condemnation, at the beginning of the book, of formalistic affirmations used by the "cults", since an important feature of the "new" method of cure are incantations in anatomic terms. This sort of an incantation robs the Coué method of its naïveté and simplicity and substitutes a befuddling conglomeration of pseudo-scientific expression. Such is the "new" method of solving the neurotic problem.

It is hardly necessary to reiterate here how undesirable it is, for many reasons, for laymen to treat the sick, either in body or mind. Perhaps the only justification, if there is any, is that some sick persons find a certain comfort in cult procedures. But it is positively a vicious phenomenon that scientific simulations are flooding the book market as great revelations of panaceas. This can have only one connotation: if the problem of mental health is to be furthered by the education of the reading public, such books as this tend to obscure the issue. Perhaps no other remedy for the present state of affairs would be more effective than an increase of discrimination on the part of publishing houses, who serve as intermediaries in passing out to the public educational information on mental health.

ALBERT POLON.
Columbia University.

THE ELEMENTS OF VITAL STATISTICS IN THEIR BEARING ON SOCIAL AND PUBLIC-HEALTH PROBLEMS. By Arthur Newsholme. New York: D. Appleton and Company, 1924. 623 p.

This new edition of a work first published in 1889 has been entirely rewritten. It is designed for the special use of medical officers and

others engaged in health and social work who have to handle statistical data.

The author points out that the subject of vital statistics has developed greatly since 1889, and that the introduction of the more elaborate mathematical processes into the study of biological problems has repelled many hygienists from fruitful studies of local or other statistics which may be carried on without the use of advanced biometrical methods. He further states that much valuable statistical investigation is practicable, for which no larger outfit is needed than accurate medical knowledge, a willingness to undertake laborious calculations, and sound judgment in the collection of facts and the interpretation of results.

The book has two principal divisions, Part I dealing with many topics under the heading *Vital Statistics*, and Part II covering methods and miscellaneous subjects.

In the introduction, vital statistics is broadly defined as "the science of numbers applied to the life history of communities and nations. . . . It includes the whole study of man, as affected either by heredity or by environment, so far as the results of this study can be arithmetically stated. . . . It has its biological and social side, both of supreme value to the community."

The chapters that follow in Part I deal with the statistical problems related to census taking and to recording and reporting marriages, births, sickness, and deaths. The text is so clear and so free from technicalities that any intelligent person unfamiliar with statistical terminology could read it without difficulty. The rich experience and practical common sense of the author are impressed on every page. Were the principles and methods set forth in general use, vital statistics would be of much greater service than they are to-day.

Perhaps the most interesting part of the work is that which deals with factors that influence the death rate. The factors discussed include race, climate, season, poverty, housing, occupation, and alcoholism. A separate chapter is given to each of the last four items.

In discussing the relation of poverty to infant mortality, the author points out that poverty is a complex condition, including a number of elements, and it is important to determine what elements are most potent in producing excessive infant mortality. It is the duty of the health administrator to dissect out these constituent elements of poverty, to attack them individually, and not to be content with relieving destitution.

Referring to Professor K. Pearson's lecture on infant mortality

in three manufacturing towns (Eugenics Laboratory Lecture, Series III), Dr. Newsholme states: "The conclusion is reached that conditions of heredity—'nature value'—have at least 4.5 times the value of the 'nurture value', as tested by conditions like overcrowding, dampness, possibility of ventilation. The facts on which the correlations are based are not fully detailed in the above lecture; and the relatively insignificant place given by the correlation method to environmental conditions is so contrary to the experience of medical officers of health, which shows the great improvement securable in an infantile population by the application of personal, domestic, and municipal hygiene, that one must suspect the validity of the tests used in the investigation or the method employed in isolating them from other factors."

The second part of the book contains an exceptionally valuable chapter on the statistical study of causation, and this is followed by a chapter entitled *Correlation as a Measure of Factors Influencing Life*. The author discusses the work of Pearson and his associates and the criticisms of Keynes and Reid, and closes the chapter with this significant statement: "The views of the two extreme schools of thought quoted above may serve to illustrate the complexity of the statistical factors involved in social investigations, though they do not exhaust possible statements of the problem of inheritance.

"The general conclusion must be that great caution is justified, indeed necessitated, in the acceptance of correlations which are not *a priori* probable, and which may embody only a fraction of the factors involved. There are, of course, dangers of no less magnitude in qualitative inferences, which are apt to neglect cases not supporting a given contention; and the general thesis is incontrovertible that accurate measurements and quantitative comparison of homogeneous phenomena represents a great stride forward in science."

The book as a whole fulfills its purpose in a most admirable manner and will prove a valuable guide and reference work for all who have to do with vital statistics.

HORATIO M. POLLOCK.

New York State Hospital Commission.

THEOLOGICAL EDUCATION IN AMERICA. By Robert L. Kelly. New York: George H. Doran Company, 1924. 456 p.

The theological seminary is one of the oldest educational institutions in the United States. Harvard College was founded in 1636 primarily to furnish the American churches with an educated ministry. The Dutch Reformed Church established the first separate

theological school in the New World in 1774, and at the present time there are 131 Protestant seminaries of standing.

One might suppose that in the case of such an ancient institution many scientific analyses of equipment, method, and product would have been made, but as a matter of fact we have had almost no data on the subject. To fill this lack, the Institute of Social and Religious Research authorized Dr. Robert L. Kelly, the executive secretary of the Council of Church Boards of Education, to make a thoroughly scientific study, free from partisanship. The results are extremely valuable and deserve consideration from all who are interested in professional training. The average educator might suspect that with firm historical traditions stretching back into a denominational mold, the seminaries would have had difficulty in changing with the needs of our society. As a matter of fact, new methods and courses have come, but very slowly. At the present time fewer than one-third of the seminaries in the United States offer courses in "the rural church", while only nineteen offer work in "the church and industry". "The seminaries as a class of educational institutions do not offer clinical training to their students." It is very rarely that a student is really adequately trained in actual church work as an "interne" with an experienced minister. As for training in the field of mental hygiene or in any form of personality study, there is hardly a seminary in the country that has done much.

The study clearly shows that there are too many seminaries in the United States. The total enrollment of all the 161 combined is not as great as each of several of our larger universities. This inevitably means that the cost of the training is inordinately great. The United States Bureau of Education estimates that in 1919–20 the annual cost to society for public elementary-school work was $39 per child; for secondary-school work $127; for work in college, university, and professional school, $466. Dr. Kelly tells us that in 1920–21, the per capita cost of theological education ranged from $100 to $5,000. It seems probable that sooner or later the large interdenominational institutions will have a commanding place in the religious field and that seminaries with less than fifty students and five or six faculty members will be abandoned. The difficulty is largely one of denominationalism. As long as we have leaders of a particular faith feeling that they have in some unique measure God's saving truth as over against other church groups, just so long will each denomination have its own professional training school.

Dr. Kelly asks some exceedingly pertinent questions. Are the seminaries meeting their responsibility on the emotional side of life?

In medical education a failure to stress the psychic has been responsible for many healing cults. Has a similar lack in religious education multiplied the number of sects? Are the theological schools keeping pace with scientific thought, rightly harmonizing science and religion? Ministers must know how to use the methods and language of science if they are to capture the minds of men in our age. Are the seminaries really interpreting democracy? Do they have anything to say about social justice and clean government? Is it not the task of the church to help create good homes, healthy factories—in a word, the best possible communities? Finally, are the seminaries centers of intellectual and ethical power? Are they neglecting the prophetic gift in order to administer an ecclesiastic institution?

Not the least significant and valuable feature of the book are the seventeen charts showing the educational program of various institutions. There is also a detailed report on 100 seminaries as they were in 1922–23. It would have been helpful if the author could have summarized in more detail some of the pioneering work that is being done in clinical training and in the case method, together with the results so far achieved. It is unfortunate, too, that the study could not have included all the theological schools in America, whether Catholic, Jewish, or Protestant, and that it did not compare all of them with similar institutions in Europe. We ought to have a volume on theological education based on as thorough a survey as Dr. Abraham Flexner's *Medical Education, a Comparative Study*. This was written after visits not only to every medical school in America, but to the chief medical centers in Great Britain and on the continent.

With the time and money at his disposal, however, Dr. Kelly has made an excellent beginning, and with sectarianism as strongly entrenched as it is, the present study may accomplish as much as a more comprehensive undertaking. It remains to ask what outside agencies and individuals can do to help the theological seminary. It seems to the writer that they can do a great deal. For one thing, they can take an intelligent interest in the entire problem of theological education; letters can be written directly to the faculties of certain institutions suggesting advanced policies. Why should there not be a traveling lectureship on mental hygiene, for instance? At present, Fundamentalists are very insistent both by word and pen that no changes be inaugurated, while liberal faculty members find comparatively little support from outside sources, not because it is not there, but because it is inarticulate.

JEROME DAVIS.

Yale University.

ABNORMAL PSYCHOLOGY AND EDUCATION. By Frank Watts. New York: D. Appleton and Company, 1924. 215 p.

This book, in its third edition, is one of *The Conduct of Mind* series, edited by Joseph Jastrow. Perhaps, when it first appeared in England, there was greater need for it than one feels there is at the present time in America, since we now have, both in popular and technical form, a variety of books that treat of the same material as this one, but in a more readable way, because less wordy and professorial in style.

There is little in this book that is original and a disproportionate amount of space is given to historical résumés of the development of psychotherapy and of educational methods for mental defectives. The subject matter is presented conservatively, and one agrees that the author has realized the hope expressed in his preface that he has given "a sober account of some modern developments in psychology and education".

The book has three main topics: (1) understanding and management of groups, through utilizing a knowledge of the herd instinct; (2) understanding the individual through the analysis of personality; (3) psychology of the defective mind.

There are many suggestions in the first section that undoubtedly will be helpful to teachers and parents. For example, in discussing the opposed tendencies to action furnished by suggestibility, sympathy, and imitation, on the one hand, and reflection and deliberation, on the other, the author states: "Obviously, it is essential, in the present stage of evolution, that neither tendency should wholly obliterate the other. Too much thought hampers decision; too little favors impetuosity. A community in which people did not respond to social suggestion readily and without reflection might find itself near extinction on many an occasion before it could rationally grasp its perilous position. Now, the fundamental method of every child's education in its early years is by imitative, non-rational absorption of the thoughts, feelings, and actions of others. Speech does not wait for an understanding of the rules of grammar or it would not develop at all. But, on the other hand, if a child depends always on the behavior of others for its cues to conduct, it will make very little mental progress, and probably never display any very noticeable initiative or ingenuity, which are the criteria of all true intelligence. Some children, for example, who are encouraged to ask questions in early life, develop the habit of doing so to an alarming extent, so that they arrive at a state of never bothering to think out problems for themselves, knowing that an inquiry addressed to a fond parent will invariably save themselves the trouble of thought."

One cannot agree whole-heartedly with such statements as the following: "The teacher must be capable of making vivid public examples of those of his pupils who are unwise enough to pay no heed to his warning, and so come to grief. He will never punish them, however, in a manner which is calculated to arouse the pity of others, for culprits should always be made to experience the pain of isolation from the sympathy of their fellows."

"The attributes and virtues of the successful crowd educator", as given by Mr. Watts, are interesting, but hardly stimulating. Besides having "foresight and wide experience", so that he may be able to "talk fluently upon topics of general concern as an authentic man", the teacher, we are told, "must have an impressive personality, must be able to energize his scholars. He must seek to exalt, never to depress. . . . He will take as his model the Friend of Sinners, rather than that austere and stern prophet who went about suggesting that all men were thoroughly wicked and calling upon them to repent because the day of doom was at hand."

The headings of the second section give a good idea of the subject matter: *The Reality of the Subconscious, Mental Dissociation and Its Cause, Dreams and Their Significance, Psychoanalysis and Word Association.* In view of the present-day interest in character training in schools, the following statement by Mr. Watts is pertinent: "The secret of sanity, as we may now see, lies in the subordination of the anarchic instincts of the mind to the desire for self-control, and the secret of a rational and a moral personality lies in the cultivation of ideals of social value within the self-regarding sentiment or complex. The educator will more and more, under normal circumstances, be compelled by the dictates of psychology and common sense to transfer his attentions and interests from the task of instruction, with its seemingly inevitable result, the cramming of ill-nourished minds with masses of undigested facts, and away, too, from the mere formal exercise of the reason, to the strengthening of ideal tendencies with the aim of building up stable and sane personalities. Ideas and facts will be of great value in this process, but unless it is realized that something over and above them is needed, to cement them, as it were, the work of the teacher will always be analogous to the process of building houses with bricks and stones in the absence of the binding agency of mortar. In the first mental crisis the structure may collapse. That it does not usually do so is no proof of the suitability of some of our modern educational methods to the needs of life, but rather of the wide adaptability of the human mind. It is inadvisable, however, to subject the mind to unnecessary strain, and it will be a task worthy of performance to deliver the growing child from the

necessity of spending a large part of his psychic energy in quelling the rebellions that threaten to break out within him."

The section dealing with the defective mind includes discussions of the psychological treatment of mental defectives, the measurement of defect, the classification of defectives, historical survey of methods employed in educating defectives, and the emotional defective. We are glad to find that Mr. Watts does not accept the term "moral imbecile" which has been so freely used in England. He writes regarding "defectives who have become social failures, not so much by reason of their lack of general intelligence . . . as on account of their notable deficiency in the power of personal self-direction: while it may be said that a large number of the individuals in our prisons are persons who have committed crimes at the dictate of anti-social passions, it is, nevertheless, to make a sound generalization if we venture the statement that the cold, calculating, self-seeking *moral imbecile*—an individual, that is, of at least average intelligence, but destitute of social impulses—*does not exist*. This is not the opinion, perhaps, which a study of the cinema films would support, but it is the well-considered judgment of many who have gained by patient application a thorough knowledge of hundreds of individual delinquents."

The introduction by Professor Jastrow is a well-written, critical comment on Mr. Watts' book and a statement of his own ideas of the ways in which abnormal psychology may enrich education.

ANNE T. BINGHAM.

Girls' Service League, New York City.

ADDRESSES TO MENTAL NURSES. Edited by Bedford Pierce, M.D. London: Baillière, Tindall, and Cox, 1924. 288 p.

This is a volume of fifteen addresses given by English physicians to the nursing staff of The Retreat at York. The speakers were for the most part leaders of psychiatry in Great Britain. In several instances they seem to have been very happily stimulated by the notable memories of Tuke and his successors in that institution. The level of the addresses is of course somewhat uneven, but the descriptions of the qualifications, duties, and privileges of the mental nurse, of the most fruitful methods to employ in training these nurses, and of the work of the mental nurse in hospital and private practice, are on a high plane.

The volume is so modest in size that the reviewer need not abstract the contents even to the extent of commenting on the separate addresses, and it savors of injustice to mention particularly one rather than another. Nevertheless, it may not be amiss to say that

the first address, by Bedford Pierce, is one of the best reviews ever made of the reforms instituted by Tuke and Pinel, with a just application of their work to the needs of the present day, and that Mercier's discussion of the ideals of those who would care for the mentally sick is one of the most eloquent in the English language.

This book should find a place wherever nursing education in mental diseases is under way. It should be accessible to student nurses in mental hospitals, and parts of it might well be used for assigned reading. The physician who is dealing with mental patients will dip into it with interest and come from his reading with a freshened appreciation of what his nurses are doing and of the standards to which he should hold himself.

S. W. Hamilton.

Bloomingdale Hospital.

Conflict and Dream. By W. H. R. Rivers. New York: Harcourt, Brace, and Company, 1923. 194 p.

This posthumous work by the noted English anthropologist, Dr. Rivers, edited by Dr. G. Elliot Smith, must be regarded as an exposition of the primary and transitional stages through which many investigators of the baffling problem of dream analysis who have taken their cue from Freud's discoveries almost inevitably pass. It is highly probable that had Dr. Rivers been spared to revise the manuscript—a task to which, according to Dr. Elliot, he had hoped to devote the long vacation of 1922—the work would have assumed an altered form or its publication might have been deferred for several years until Dr. Rivers had had opportunity to test his theories more fully. And yet the little volume, with its protests, speculations, and admissions, serves a purpose in graphically and lucidly presenting to the novice, attracted to Freud's dream hypotheses, a point of view that he will readily accept, but later in all probability will abandon in favor of some more adequate, if more intricate, explanation. One wonders how far Dr. Rivers himself was deterred from pushing his own simple interpretations of dreams a bit further by such inhibitions as those that prompted the editor to commend the theory because "it prunes from the method of the psychoanalytic school of dream interpretation most of the repulsive excrescences that have brought upon it so much odium".

Rivers' deviation from Freud's position does not involve a great modification of the latter's views, as Dr. Elliot seems to think. He agrees with Freud in a great majority of the essential features and differs mainly in accentuating the current conflict in determining

dream content. He belittles, without denying, the influence of infantile material and experience in the formation of dreams, and in the simple, interestingly recounted analyses of his own dreams, takes into consideration little more than their manifest content. Since he acknowledges a latent content, more prolonged experience would probably have induced Dr. Rivers to explore that field as well. He takes exception to the universality and the adequacy of Freud's idea that wish-fulfillment furnishes the motive for dreams. The question of symbolism in the psychoanalytic method comes in for criticism chiefly on the ground that certain symbols are supposedly considered to be of unalterable and universal significance—which, however, is not an assertion of the psychoanalytic school.

Notwithstanding the fact that Dr. Rivers' death unfortunately halted at an elementary point the earnest studies presented in this incomplete work, it is only fair to state that the question of dream interpretation is far from settled and is being constantly amplified by analytic research. The fact, as Dr. Rivers in common with others has pointed out, that an event in a dream may be considered by the Freudian method to indicate its opposite, and that the nature of symbolism which the method so constantly utilizes is still far from being completely understood, allows for a tremendous latitude in interpretations. Even with this wide scope and untrammeled freedom in the explanation of dreams, the most skilled analysts often find it impossible to enucleate the wish that is to be fulfilled from the tortuous maze of productions in the average dream. It is further true that the same dreamer, within a short period of time, may yield in his dreams indications that may be interpreted as a desire to fulfill the same wish in directly opposite ways or not to act upon that identical wish at all. For that reason, according to the present psychoanalytic technique, the unconscious often fails to register more definitely in dreams than conscious thought has already recorded the trend desired by the dreamer, consciously or unconsciously, and this circumstance diminishes the value of dream analysis in its application to definite, circumscribed, practical problems.

C. P. Oberndorf.

New York City.

The Evolution of Man. By G. Elliot Smith. New York: Oxford University Press, 1924. 159 p.

The most important single intellectual reaction that a layman gets upon reading books that deal with the ancient history of man, and with the evolution of man, is that paleontology is largely conjecture.

"Ex pede Herculem" is put to the blush by paleontologists who are prepared, on the basis of a single tooth, to elaborate theses for which they are willing to die fighting. It seems that a remarkable tooth was discovered in Nebraska in 1922, for which a new genus, *Hesperopithecus,* was created by Professor Henry Fairfield Osborn; and Dr. Smith regards the balance of probability as favoring its identification as a primitive member of the human family rather than a new genus of anthropoid apes. Upon this he builds up a theory of the evolution of the human race and draws a very pretty diagram showing how the genus homo evolved, becoming, at various points in the family tree, Homo Sapiens, Homo Neanderthalensis, Homo Rhodesiensis, and then Australian race, Negro race, Mongol race, Alpine race, Mediterranean race, and at the very peak of the human family, Nordic race. However, he is good enough to state, for the benefit of us non-Nordics, that he is not subscribing to those extravagant claims, so popular at the present moment, in virtue of which blondness is regarded as a character that marks this race as supermen. From the standpoint of bleaching out, they are more bleached than others, which seems to me to be an attribute of rather doubtful value.

Dr. Smith shows that the human family has evolved from a group of insectivora closely related to the bats and the flying foxes, which, through their arboreal habits, developed their vision and thus the brain. The senses of touch, hearing, and agility also became considerably improved, and all these factors brought into play a brain evolution which culminated finally in man. The neopallium—which is the term Smith gave years ago to that part of the cortical area into which pathways lead from all the sense organs, and which, he believes, is the organ whose evolution has resulted in man—is an organ of discrimination, and because it receives impressions which the outside world pours in upon it through the distance receptors of eyes, ears, and so forth, it has experience of unlimited scope.

The prime thesis of the book, however, is not this evolution of man upward from creatures like bats and flying foxes; it is the question of whether or not each group of human beings, living in separate localities, went through an identical psychological evolution, or whether communication was established at an early time between group and group, so that as a group developed, through chance or through peculiar circumstances, peculiar reactions to its environment, in the way either of skill, belief, or custom, it communicated these reactions to other groups, through its wandering members or through immigration, thus giving rise to customs and techniques that are universal. Smith strongly favors the latter explanation. In other

words, he believes that races have not differed in their psychology or capacities so much as they have differed in their accessibility to the culture that developed in other parts of the world. He thus becomes an exponent of the environment as an important factor in evolution.

In fact, he makes the following statement: "Throughout the course of human history, Man's attitude has been determined, not by the alteration of the structure of the mind, but by the intellectual and moral influences which have been impressed upon each individual's mind by the community in which he lived. Whatever the inborn mental and moral aptitudes of any individual, whatever his race and antecedents, it is safe to say that if he were born and brought up in a vicious society, he would have learned, not merely to converse in a language distinctive to that particular group of people, but in all probability to practice vicious habits. The fact that his skull was long or broad, or his hair blond or dark, or the matter of his ancestry—whether he belonged to the Alpine, the Nordic, or the Mediterranean races—would count for little in this process in comparison with the potent molding force of the atmosphere of the family and the society in which he grew up during the years of his mental plasticity."

This quotation emphasizes the essentially sane attitude of a stimulating book which the reviewer in all earnestness recommends to the reader.

ABRAHAM MYERSON.

Tufts College Medical School.

DAYS OF DELUSION. By Clara Endicott Sears. Boston: Houghton Mifflin Company, 1924. 262 p.

The title of this book is most appropriate. We have here a graphic account of one of the best known of the movements of religious fanaticism during the last hundred years—the Millerite movement, which reached its zenith in 1843 and '44, and like some of the solar haloes and parhelia, which are also described, disappeared into the ethereal realms, leaving behind only scattered traces. These have been put together by Miss Sears in a most vivid and illuminating fashion.

The book is in all respects a painstaking and apparently most accurate historical narrative and is written with a charm that makes its perusal as fascinating as that of any novel. The leaders of the movement—William Miller, Joshua V. Hines, and Elder Luther Boutelle—are described in a way that makes them very real and vivid. The story of Mary Hartwell is the tragic tale of a girl in the adolescent period whose psychosis was obviously determined by the religious emotionalism of the time.

The subtitle of the book is *A Strange Bit of History*, and a strange and interesting insight, not only into history, but even more into human behavior, is here set forth. At all times in the world's history there have been events that cause us to wonder at the vagaries of human nature, and those vagaries seem to be but little changed with the progress of civilization. Even to-day great masses of people are prone to accept the leadership of false prophets—both political and religious—upon short notice and with insufficient facts, and in a measure it is comforting to know that this has been a human reaction which has been evident in all ages. And while some of us would like to feel that there has been a decided stabilizing in men's emotions, as well as a broadening of their judgment, it is only necessary to point to the widespread growth of many pseudo-scientific cults of healing and many visionary schemes for political Utopias to make us realize that we are all of us straining to achieve the impossible every day we live.

William Miller and many of his apostles would prove interesting studies for the psychopathologist if he could but know a little more about their early lives and the sum total of their mental mechanisms as measured by present-day methods. This is denied us and we must, therefore, consider more in detail the movement that they represented and the account of it as set down in *Days of Delusion*.

The whole book is an extremely good illustration of mob psychology —showing the way the Millerite movement spread throughout small communities, gaining a foothold first in one family, spreading through that family to the neighbors, and finally inoculating a whole village. In some of the larger centers this movement, which was based upon predictions of the second coming of Christ, attained immense proportions, calling forth outpourings of considerable sums of money and the devotion of much time and rousing to the greatest heights of emotionalism otherwise apparently normal people. An interesting psychological point brought out in the book is the tenacity of faith in suggestible individuals, even in the face of obvious disillusionment. Mob psychology is suggested again, however, in the rapidity with which the whole movement sank into oblivion as its followers one by one began to drop off after their great *dénouement* in 1844.

From beginning to end the book holds our attention; while dealing largely with historical facts, it has, nevertheless, many touches both of humor and of pathos. Numerous cuts taken from the newspapers of the time, as well as certain advertising propaganda, are included, as are also photographs of persons and places of the period, so quaint as to suggest a work on Colonial antiques.

At the present time, when the world is still prone to follow false prophets, a perusual of this book should serve as wise counsel, emphasizing the need for thoughtful judgment in place of outbursts of emotion. *Days of Delusion* gives us not only a most fascinating tale of an interesting historical event, but also supplies us with a psychopathological study of real significance.

ARTHUR H. RUGGLES.

Butler Hospital.

PRISONS AND COMMON SENSE. By Thomas Mott Osborne. Philadelphia: J. B. Lippincott Company, 1924. 105 p.

This small volume, the latest of several books by the same author on the prison problem, is divided into two sections.

In the preface of the book, Mr. Osborne makes seven points or observations upon the character of prisoners. Persons who really know prisoners will agree with at least six of Mr. Osborne's observations, but a psychiatrist will take very definite objection to one of his seven points. His sixth point states: "There are not many of them mental defectives; on the contrary, the majority are embarrassingly clever." Careful scientific studies in various prisons throughout the United States have shown that a considerable portion of the inmates of prisons are either mentally defective or mentally disordered, a factor that Mr. Osborne neglects in his consideration of the subject.

The first half of the book presents Mr. Osborne's conception of the true function of a prison and is a very concise, clear-cut, and well presented picture of the author's ideas. The arrangement of this portion of the book is in the form of eight basic texts or principles, concisely stated and illustrated by anecdotes. It is the author's belief that prisons must be made into educational institutions where training must be provided "to make them, not good prisoners, but good citizens". (Page 35.)

The second half of the book deals with the organization and operation of the Mutual Welfare League. The material in this portion of the book is presented in the same style as the first half of the book. The Mutual Welfare League, Mr. Osborne tells us, attempts to put into operation the principle of individual responsibility for the common welfare.

It has been the reviewer's good fortune to have seen the Mutual Welfare League at the Naval Prison at Portsmouth, N. H., in operation for about a year and a half. From that observation, he believes that no single method has been devised in prison management that is of as great importance in bringing about the intelligent handling of

men within the prison. In fact, it is the first real step in that direction. However, the Mutual Welfare League, with the principles upon which it is founded, are only stepping-stones toward the correct solution of the prison problem. It is undoubtedly true, as has been shown repeatedly by scientific study, that the proportion of mentally defective and mentally disordered individuals in prisons is far in excess of the proportion in the general community. Therefore, in any perfect or nearly perfect system of prison management, there must be careful consideration for, and treatment of, that element of the prison population. This the Mutual Welfare League does not, and perhaps cannot, provide.

To every student of criminology Mr. Osborne's book is heartily recommended. To every student of penology the material in the book is absolutely essential. To the common man who is not directly interested in criminals or in prisons, the book will be of very great interest and value.

A. L. Jacoby.

Psychopathic Clinic, Recorder's Court, Detroit, Michigan.

The Dominant Sex. By Mathilde and Mathias Voerting. Translated from the German by Eden and Cedar Paul. New York: George H. Doran Company, 1923. 289 p.

This book presents the results of a detailed historical and sociological study from which the authors have concluded that the peculiarities of the sexes of to-day are not congenital, biological characteristics, but are dependent upon dominance by the male sex; that those qualities that are called masculine are the qualities of a dominant sex and that what we call feminine qualities are merely the qualities of a subordinate sex.

Men have been dominant for centuries in practically all the world. It has, therefore, been generally accepted that men are superior to women and better fitted to rule. A good argument has been made for the opposite belief, however. The bases for this contention are the social conditions that obtained at a time when the positions of the sexes were completely reversed. Ancient history furnishes numerous examples. There was a time when feminine dominance was quite widespread, notably in ancient Egyptian society and the Spartan nation, and in both civilized and savage races; moreover, the degree of dominance varied greatly. It is from a comparison of the social conditions of these ancient peoples with those of present-day society that the authors have generalized concerning the meaning of the differing qualities exhibited by the sexes. They do admit biologically

or physiologically determined differences in the psychology of the sexes, but they emphasize the fact that these in turn are dependent on a third factor, the sociological.

The authors continually draw attention to the bias of historians and sociologists due to the ideology of the extant type of sex domination. This is quite convincingly done by quoting passages from historians such as the following: "The Spartan women had absolute dominance over their 'degenerate' husbands." Again, "The daughters of Sparta are not to be found at home; they consort with the young men; having laid aside their clothing, having bared their hips, the maidens wrestle with the youths. To me, indeed, such conduct seems shameful."

In the "Women's State" (throughout the book the terms "Men's State" and "Women's State" are used to denote social conditions in which men and women are respectively dominant) the social status of women was quite reversed. Women were the wooers. The husband contributed the dowry. He adopted the name and nationality of his wife. Children were called after the mother and inherited from the mother. The woman had the right of disposal of the common possession. A wife demanded chastity and conjugal fidelity from her husband and could divorce him if he displeased her. The wife was occupied away from home while the husband attended to the domestic affairs, including the care of the children. Men were fond of adornment, while the women wore plain, uniform clothing. An unmarried man was regarded with contempt, much as the women of to-day are who have reached the age of thirty without being married.

The duplex moral code that has been prevalent where men ruled was also present among people where women were dominant. The positions of the sexes were just reversed. Women had sexual privileges that were sternly denied to the male sex; in fact, it is related that adultery on the part of women in Sparta was even considered commendable.

Most interesting is the effect of the reversal of the moral code upon the social evil, prostitution, abortion, the status of an illegitimate child and an unmarried mother. Prostitution in women in Women's State was practically unknown and was hardly present in men, because there is less capacity in men for sexual intercourse. In Men's State an illegitimate child is evidence of a breach of the moral code. If in Women's State a woman has an illegitimate child, no stigma is attached to her and the position of the illegitimate child is as good as that of one born in wedlock. Abortion is regarded as a serious crime in Men's State, as it destroys evidence of a breach of the code. In the days when women ruled, it was legitimate. Modesty, which is

generally conceded to be a feminine virtue, characterized the men, particularly in those nations where women were dominant. Three reasons are given for this: first, modesty is cultivated as and serves as a guardian of chastity and sexual continence; secondly, modesty in the subordinate sex is an excitement to the wooers, who are of the dominant sex; thirdly, the association of individuals with those of their own sex to the exclusion of the other sex tends to a decline of modesty.

It may seem quite remarkable, and yet I think no one will disagree, that erotic art plainly indicates the sex of women, while on the other hand the sex of men is usually hidden. Men with erect penises were common themes in the erotic art of ancient Egypt and ancient Greece.

Perhaps the strongest evidence to bear out the authors' theory is the claim, if true, that in Women's State the women were equal or superior to the men in size and bodily capacity and that in certain countries, where the absolute dominance of women had existed for a long time, the men displayed a certain roundness and exuberance of body, or, in other words, closely approached the women of our day in secondary physical sexual characteristics.

The authors believe that there is a pendulum movement in the relationships of power between the sexes, although that movement is so slow and known history covers so short a period of human existence that insufficient evidence can be found to prove it. There are psychological reasons, however, to substantiate this theory; besides, Teutonic and Egyptian history would seem to furnish two instances of it. There is no denying the statement that in almost all parts of the civilized world society is in a phase of transition from the dominance of men to equality of the sexes. The authors claim that equality of the sexes will bring about the highest possible development of the members of both sexes and the highest attainable sexual happiness. Some of the specific results mentioned are (1) the tendency for the natural, inborn qualities of each sex to reach their fullest development; (2) an enrichment of culture; (3) improvement of social customs; (4) an increase of altruism and social helpfulness; (5) the disappearance of duplex sexual morality and the abolition of prostitution, which, together with equalization of the age at which men and women mate, will bring about improvement of the offspring.

Equality of the sexes, however, is one phase of the pendulum movement and there is a tendency to monosexual dominance. Can humanity discover a means of retaining permanently sex equality?

This book is a valuable contribution to the sciences of sociology

and psychology and should be of interest to the lay public as well, as it is comparatively free from technical terms and is remarkable for clarity and readableness.

R. E. Blaisdell.

Kings Park State Hospital.

The Basis of Social Theory. By Albert G. A. Balz and William S. A. Pott. New York: Alfred A. Knopf, 1924. 252 p.

The authors of this book introduce their thesis with a consideration of the meaning of progress. After making the point that faith in progress is a modern thing, they state that the possibility of genuine progress depends upon the development of a more adequate body of social science, and that the first condition of this attainment is the development of a more adequate science of human behavior. The social sciences must, therefore, turn to social psychology for the basis of sound social theory. The outlines of a more adequate social psychology are then suggested in the six chapters of the book, which deal respectively with the field of social psychology, human nature and social forces, inherited tendencies and action, the function of instinctive tendencies, the function of capacities, and the problem of control.

The chapter on the field of social psychology attempts to show the relationship between psychology and social psychology; treats of the historical background of social psychology; passes in rapid review the relations of general psychology and behaviorism—taking up the question whether psychology is fundamentally social psychology—the data of psychology, and the social fact as social situation; and concludes with a discussion of the meaning of "the social". The authors seem to have based this chapter on a consideration of the relations of general psychology to social psychology rather than upon a critical and comparative study of such different theories of social psychology as are represented by the study of group behavior in terms of its psycho-social aspects or planes and currents (Bagehot, Tarde, LeBon, Ross), by the instinctivists (McDougall), or by the study of the socialization of the individual in terms of psycho-social environmental pressures and learning (Cooley, Bernard).

The chapters that follow show the same method of approach. The chapter on human nature and social forces deals with the concept of nature and nurture, variation in human nature, individual differences, environment and individual differences, and the social forces. Original nature is found to be an abstraction. Everything is both learned and unlearned, inherited and acquired.

The chapter on inherited tendencies and action is the familiar pres-

entation of the instinct psychology of McDougall, although the points of view of Woodworth and Wallas are noted. An effort is made to distinguish inherited structure and inherited tendency. Inherited tendencies in the stimulus-reaction cycle, the place of emotion, the classification of instinctive tendencies, the biological emphasis in instinctive tendencies, instinctive tendencies and social forces, folkways, customs, institutions, and control, are all mentioned in the chapter on the function of instinctive tendencies. There follows a discussion of the function of capacities, and a treatment of the problem of control concludes the book.

The book is helpful in that it states with emphasis the need of a more adequate social psychology as the basis for a science of human behavior, which in turn is fundamental to the development of the social sciences upon which genuine progress depends. But the question is whether a book that adds little or nothing to our knowledge of human behavior, either by critical comparison and evaluation of the different theories of social psychology or by assembling new facts, makes any real contribution to an adequate social psychology. Certainly the author's acceptance of the *a priori* doctrine of instinct, to the neglect of a critical examination of the theories of planes and currents, falls short of presenting an adequate speculative basis of social theory. Further than this, the more important scientific task of assembling the facts for an inductive basis of social theory is ignored completely. It seems likely that a more "adequate social theory" based upon a more "adequate social psychology" will not arise out of the testing of *a priori* theories of speculative origin against facts of observation, but rather is it likely that a new theory of social psychology will arise out of inductive studies of human behavior. The qualitative analysis of social psychology has gone about as far as it can. Further advance awaits the use of laborious quantitative methods. Already there are promising signs of a beginning in this new mode of attack, but the authors of this book have not taken note of this change.

F. Stuart Chapin.

University of Minnesota.

Lectures on Endocrinology. By Walter Timme, M.D. New York: Paul B. Hoeber, 1924. 115 p.

This brochure by Timme, which originally appeared as an article in the *Neurological Bulletin*, represents a highly meritorious and welcome addition to the literature on endocrinology. The presentation is entirely simple, lucid, and concise, and is further to be commended for its happy combining of a finely popular quality with a thorough

scientific adequacy. The book is attractively and helpfully illustrated, well gotten up, and of very convenient size. Its perusal should prove most stimulating and instructive to any one, whether layman or physician, interested in this very fascinating subject.

There are eight chapters, including an excellent introduction in which the broader biologic implications of endocrinology are indicated as well as the important life-epoch relationships of the various gland groups. A comprehensive bibliographic chapter is also included. Comprising the main body of the text are six rather complete and very well considered chapters devoted respectively to the thymus, the pineal, the thyroid, the suprarenals, the pituitary, and the gonads. No special comment seems required as to Timme's treatment of these specific endocrine elements beyond what has already been said in a general way and a word of laudation for the very vivid and succinct manner in which the various interrelations, inter-effects, and compensations are elucidated, rendering very clear and understandable many syndromes otherwise obscure and baffling in their complication and complexity. The basic unity of the endocrine system and the mutual dependence of its component elements—particularly as concerns syndromic pattern in long-section—is an extremely important conception and one the full grasp of which is a *sine qua non* for an adequate comprehension and interpretation of endocrine disorders and their rational therapy. Timme may be regarded, therefore, as having performed a real service, through his very effective and enlightening emphasis of this aspect of the problem. He is also to be commended for his very clear delineation and discussion of the thymic sub-involution syndrome, a condition apparently incompletely and inadequately understood by many and of extreme importance, not only as a basis for later and diverse endocrinopathic deviation, but also from the broader standpoint of its bearing upon general personality make-up and dispositional pattern.

THEOPHILE RAPHAEL.

State Psychopathic Hospital, Ann Arbor, Michigan.

PERSONALITY AND PSYCHOLOGY. By John Wright Buckham. New York: George H. Doran Company, 1924. 200 p.

The rapid increase of general interest in mental hygiene and self-knowledge has resulted in a flood of popular literature dealing with psychology, personality, and so on. Enough of this material is so wholly bad or—what is almost worse—so utterly futile that, given the responsibility of a book review, one is threatened with some hours of mixed boredom and exasperation.

The reviewer confesses to an inexcusable delay in the face of the

obligation to peruse the present volume. The fact that the author is a professor of theology, with several works on religion to his credit, made procastination seem all the more inviting. But the plunge once taken, what happy disappointment! The little book is a gem. In content and style, in clarity and brevity, in keen grasp and kindly tolerance, it is unsurpassed. The fact that psychoanalysis is treated somewhat cavalierly and dismissed with a short chapter furnishes the exception to rule.

Professor Buckham is a scholar and a humanist and gives convincing evidence of a broad culture in all fields of human thought and feeling. His work is replete with apt references and quotations from the realms of philosophy, psychology, scripture, poetry, and art. In spite of the fact that he maintains a clerical point of view throughout, he shows both a sound respect for the scientific and an appreciation of the pagan, while his balanced sense of humor leavens the whole discussion.

The main thesis that he sets forth consists of a robust defense of the human spirit, self, or soul against the encroachments of academic psychology and popular thinking, which he feels are trying to reduce it to simple elements. In this connection, as a supplement to the familiar conscious and unconscious regions of mental life, he hypothesizes a super-conscious and suggests (page 60): "Just as influences from the realm of nature work upon us from below, so unseen influences may be descending upon us from what may be called the super-conscious, the realm of the spirit." James, Freud, Dewey, McDougall, Watson, and other moderns are intelligently discussed, and if for no other reason the book would be worth reading as a succinct review of the newer trends of thought in psychology. The volume is divided into two parts, of eight concise chapters each. Part I deals with the psychology of the self and Part II with selfless psychology. Chapter V, on memory and imagination, and Chapter VII, on the knowledge of others, present in a specially illuminating way the viewpoint of the author. The matter in these chapters is none the less vital on account of being rather poetic than scientific.

As already mentioned, one of the charms of the book is the free and apt use of quotations, broadly catholic in selection. As a liberal example, the aid of Walt Whitman is invoked to illustrate the superiority of persons over things, and the *Ballad of Occupations* is quoted as follows (page 19):

> "'When the psalm sings instead of the singer;
> When the script preaches instead of the preacher;
> When the pulpit descends and goes, instead of the carver that carved
> the supporting desk;

When I can touch the body of books, by night or by day, and when they touch my body back again;
When a university course convinces, like a slumbering woman and child convince;
When the minted gold in the vault smiles like the night-watchman's daughter;
When warrantee deeds loaf in chairs opposite, and are my friendly companions;
I intend to reach them my hand, and make as much of them as I do of men and women like you.' ''

The author then paraphrases the poet by giving a psychological rendering of the theme:

''When the thought thinks instead of the thinker;
When the libido loves instead of the lover;
When the throat talks instead of the talker;
When I can touch the reactions of stimuli as I touch those who have reactions;
When the psychological seminar convinces as do a beloved teacher and pupil;
When the measurements in the psychologist's laboratory smile like the folk who are being measured;
When the educational tests work as well as the tests of machines;
I intend to revise my standard of values and make as much of these as I do of human selves like you.''

As might be expected, Professor Buckham makes a strong plea for the worth-whileness and dignity of a formulated religious faith. In discussing imagination, he comments on its capacity for constructive development, on the one hand, or, in contrast, the possibility of its subjection to fear, hatred, and evil. He states (page 76): ''It is here that Religion enters as an aid. Religion is a powerful restrainer and director, as well as a fruitful stimulator and cultivator of the imagination. In the atmosphere of its profound emotions and lofty conceptions imagination reaches its purest and highest exercise.''

Two chapters are devoted to suggestion and auto-suggestion. It is pointed out that practical application of these phenomena respectably antedates scientific medical and psychological attention and that the Bible is a veritable storehouse of suggestion. With reference to Couéism as a modern development of suggestive therapy, the author says (page 177): ''Paul's ejaculation, 'I can do all things through Christ which strengtheneth me', puts the Coué formula well in the shade, making it look puny and childish, but it does not falsify it.'' On the same page the following statement should give pause to the godless modern who seeks aid for his unrest through popular medical psychology: ''The fact is that a generation of newspaper and maga-

zine readers, devourers of best sellers and devotees of the movies, has lost touch with the Bible and Christian hymns and the great spiritual literature of the ages and is trying to find its way back to strength and support through psychological ideas and practices which are new only in more or less scientific and self-conscious externals and technique."

By the psychiatrist or psychologist of imagination who can sympathize with the vision of the poet's eye and who has an interest in spiritual values, this book will be found refreshing. For him whose point of view is more exclusively mechanistic and deterministic, there will be less pleasure in the reading, but who can say that there may not be some measure of profit?

M. W. Peck.

Boston Psychopathic Hospital.

Immigration; Select Documents and Case Records. By Edith Abbott. Chicago: University of Chicago Press, 1924. 809 p.

The title of this book may be a little misleading to some readers. The book is mainly concerned with the problems involved in getting the immigrant here, in settling him in a home and in a job. And there it leaves him, only at the beginning of his experiences as a dweller in the land and as a factor in the problems of industrial and social life which we are accustomed to discuss as problems of immigration.

The book is, however, a most admirable introduction to those later problems. Material on immigration for the most part consists of general observations, opinions, and conclusions, so broad in scope, so scantily supported by evidence as to leave them open to doubt; or it consists of statistical results, which can give only the factors capable of being isolated and counted, leaving untouched the intricate interplay of motive and circumstance that is really the most important thing for us to know about.

Miss Abbott's book penetrates farther into this region by giving detailed accounts of actual happenings in individual cases, so that we do not stop with a generalized "immigrant", entirely defined by nationality, by fixed economic and social categories, but go on to see a real human being, a center of activity working out its path in accordance with the complex of forces at work in that particular case.

This method of study is difficult, and discouraging to the investigator who wants quick results. The methods of general observation and statistical summary are easier. This is presumably the reason why they are so generally employed. But the road to a more thorough

knowledge of human character and behavior is along the way of more painstaking and detailed study of individual cases.

KATE HOLLADAY CLAGHORN.

New York School of Social Work.

THE UNCONSCIOUS MIND: A PSYCHOANALYTICAL SURVEY. By S. Herbert, M.D. London: A. and C. Black, 1923. 230 p.

The scope of this small volume is indicated by its subtitle—*A Psychoanalytical Survey*. The author attempts an exposition of the psychoanalytic field, approaching it from a familiar angle—the unconscious. Essentially he adheres to the teachings of the Freudian school, but he has also included a brief discussion of the views of Maeder, Jung, Adler, and Rivers.

The book opens with an historical review of the steps in the modern study of exceptional mental states that culminated in Freud's formulation of the unconscious. The names of Mesmer, Faria, Braid, Liébault, Bernheim, Charcot, Janet, and Breuer, with a scant paragraph or two on the work of each, are passed before the reader's eyes—all too rapidly. Subsequent chapters of the book are: *The Unconscious; Psychopathology of Everyday Life; Dreams* (two chapters); *Nervous and Mental Disorders; The Sex Impulse and the Ego; Theories of the Unconscious; Mythology, Folklore, and Religion; Wit and Art;* and *The Unconscious in the Scheme of Evolution.*

The attempt to handle all this material within the disproportionately Lilliputian compass of 224 pages is little short of heroic. But such an undertaking must necessarily suffer from its own limitations. Behind the facile text one senses a shallowness of description. The author has achieved clarity and conciseness at the expense of completeness and comprehensiveness. In all psychoanalytic works the method of presentation is an important problem. Ultra-simplification and adequate representation are incompatible in this field. When material is excessively compressed and condensed, as in this book, the resulting exposition must be somewhat unsatisfactory. However, what the author does say about psychoanalysis is essentially correct. One cannot dispute the general accuracy of the text or deny the store of knowledge that the author must possess. The most serious deficiencies in the book appear in the chapters on dreams. Here the interpretations are not sufficiently exhaustive and the symbolism is inadequately explained. A trustworthy bibliography, well adapted to serve as a beginner's reading guide, and a carefully prepared index add to the value of the volume.

According to a reliable bookseller, there are now in English about

one hundred psychoanalytic works of the more or less introductory type, designed for popular consumption. Of these, most are of questionable value, some utterly worthless, a few really reliable. This small volume can, at least, be safely recommended. It ought to prove helpful to those who wish to gain some notion of psychoanalysis, but who are suffering from that chronic American malady known as lack of time. Such students should, however, be cautioned that, while the reading of *The Unconscious Mind* may be a simple task, the acquiring of a sound appreciation of psychoanalysis and its implications is no small undertaking.

MONROE A. MEYER.

New York City.

WHO ARE THE BENEFACTORS? By Annie Lockhart Chesley. With an introduction by Samuel McChord Crothers. Boston: The Beacon Press, 1924. 109 p.

In *Who are the Benefactors?* Mrs. Chesley has told the stories of some of the clients of a private fund created for the purpose of helping old people. These stories are very simply told, which adds to their appeal. Mrs. Chesley tells them to show "the sheer strength and dignity of character with which these men and women, without influence, without the protective backing of social conventions, have met temptations, pain, and the humiliating, crippling clutch of poverty". These people, in spite of seeming failure, "are spiritually fighting their way through". Through these "miracles of the spirit", they have become "benefactors".

The book is full of Mrs. Chesley's happy understanding and deep appreciation of the high quality of courage and endurance displayed by these "friends", who have met old age and worldly defeat so gallantly. Mrs. Chesley's experience in social work and long association with this special type of work make her an authority on the subject. She has been able to combine accurate methods and that "warm human emotion", which Mr. Crothers in his preface fears the scientific spirit permeating modern social work may destroy. All social workers need the inspiration of Mrs. Chesley's spirit of sympathy and understanding. They will wish to add her to the list of "benefactors".

EDITH N. BURLEIGH.

Child Guidance Clinic, Los Angeles, California.

NOTES AND COMMENTS

Maine

The name of the Maine School for Feebleminded has been changed by law to the Pownal State School.

Sterilization of certain cases of mental disease and feeblemindedness is permitted by Chapter 208, Laws of 1925. The operations of vasectomy and fallectomy are allowed "for the prevention of the reproduction of further feeblemindedness, or for the therapeutic treatment of certain forms of mental disease".

Massachusetts

The name of the Massachusetts School for the Feebleminded, at Waverley, has been changed by law to the "Walter E. Fernald State School", in honor of the late Dr. Fernald, who was its superintendent for thirty-seven years.

The 1925 legislature granted an appropriation of $79,000 to provide at the state farm a place for the care of defective-delinquent females. Three years ago provision was made at this institution for males who were defective delinquents.

Minnesota

A sterilization law has been enacted in Minnesota. It is Chapter 154, Laws of 1925. This law applies to persons committed as feebleminded to the guardianship of the state board of control and to persons committed as insane to the custody of the superintendent of a state hospital.

New Jersey

By the terms of Chapter 176, Laws of 1925, a tax of one-half a mill on each dollar's value of real and personal property in the state is assessed to pay for the cost of "constructing, reconstructing, development, extending, and equipping state charitable, hospital, relief, training, correctional, reformatory, and penal institutions". Among the institutions to benefit from this tax are the Training School for Feebleminded Females, in North Jersey, which receives $1,502,874, and the State Hospital at Morris Plains, which receives $695,800.

New York

By the terms of Chapter 185, Laws of 1925, the state commission for mental defectives is authorized to acquire a site near New York

City for a new state school for mental defectives. For this purpose $80,000 is appropriated.

The state hospital commission is authorized to purchase land in the vicinity of New York City for a new state hospital for mental diseases. Chapter 179, Laws of 1925, makes an appropriation of $150,000 for this purpose.

Chapter 613, Laws of 1925, makes a number of amendments to the insanity law. The outstanding feature is that it extends from ten to thirty days the period during which a patient upon the request of a health officer may be treated in a state hospital or private licensed institution for mental diseases pending formal court commitment.

A constitutional amendment reorganizing the state government into twenty departments, instead of about one hundred and fifty, received a second passage by the 1925 legislature. It will be submitted to the voters at the fall election. One will be a department of mental hygiene, which will have jurisdiction over all institutions that care for mental diseases, mental defectives, and epileptics. If this amendment is ratified, the present state hospital commission and the state commission for mental defectives will be merged into one department.

Another proposed constitutional amendment that will be presented to the voters this fall authorizes the legislature in each of ten years to issue bonds not exceeding $10,000,000 in any one year to provide funds for the acquisition of land and for the construction of state buildings, works, and improvements, including state institutions.

Chapter 676, Laws of 1925, which amends the mental-deficiency law generally, contains a new section providing for the reimbursement to the state for the care of patients whose friends or relatives are able to assume the cost of their support. It provides for the appointment of agents by the state commission for mental defectives, whose duty it shall be to secure from relatives or friends who are liable therefor or who may be willing to assume the cost of support of any inmate of a state school for mental defectives reimbursement in whole or in part for the money expended in the care of the patient.

Two bills providing for jury trial of the insane failed of enactment.

Ohio

A law was enacted by the 1925 legislature making the institution for feebleminded at Orient a separate state institution. It has been a branch of the state institution for the feebleminded at Columbus.

The general appropriation act provides for beginning two new institutions for the feebleminded and for additions and improvements at the institutions at Columbus and Orient. For these purposes a total of $2,060,000 is appropriated. Another noteworthy feature of this act is the provision for the establishment of a psychopathic hospital in connection with the Bureau of Juvenile Research, for which purpose $100,000 is allowed.

A bill providing for the sterilization of feebleminded and epileptic persons before their discharge from state institutions was vetoed by the governor.

Texas

By legislative enactment, the names of the hospitals that care for mental diseases have been changed to the Rusk State Hospital, Wichita Falls State Hospital, Terrell State Hospital, San Antonio State Hospital, and Austin State Hospital. This change does away with the words "insane", "asylum", and "lunatic", which formerly appeared in the names of these hospitals. The name of the State Colony for Feebleminded has also been changed by law to the Austin State School, and the name of the State Epileptic Colony to Abilene State Hospital.

The same law authorizes the establishment of two state psychopathic hospitals, one to be located in Dallas and the other in Galveston. Among other provisions, it allows the commitment of patients to the hospitals for mental diseases upon the certificate of two properly qualified physicians being filed with the county judge, in place of court trial. It forbids the detention of insane persons in any other place than an institution for the treatment of the insane for a period longer than thirty days. Nor shall they be committed to any jail except when, in the judgment of the county-health officer, no other quarters that are suitable can be provided. The county-health officer must also see that such persons are cared for in a suitable place pending transfer to a state hospital. The law contains provision for temporary care and voluntary admission to the hospitals for mental diseases. It allows the superintendent to parole patients for a period not exceeding twelve months.

The passage of this law was due in large measure to the mental-hygiene survey of Texas that was conducted by The National Committee for Mental Hygiene.

The Crime and Trial of Loeb and Leopold *

Editorial, *The Journal of Abnormal and Social Psychology*

There are certain aspects of this astounding crime and trial which are of interest to psychopathology and sociology.

We have before us the joint report of the experts for the defense, the individual report of one of these experts giving in greater detail the data, including an anaylsis of the mental traits of Loeb and Leopold, the results of multiform intelligence tests and a study of their inner mental life, etc. We have read largely the press reports of the testimony on the stand and cross-examinations of the experts. We have also the account of the case, just published (*The Amazing Crime and Trial of Leopold and Loeb*, by Maureen McKernan), in the preparation of which the author was assisted by a leading attorney of Chicago and had the coöperation of the state's attorney and the attorneys for the defense. This account, therefore, may be regarded as authentic and, we may assume, leaves out nothing that the state or the defense considers essential. It gives the reports of the alienists for the defense and copious extracts from the testimony of the experts for the state.

"The real contest", as the author rightly states, "was between two sets of alienists. For that reason only their testimony is of real and lasting interest. The state's alienists, who had examined the boys a very short time after the crime, contended that the boys were normal and not mentally diseased.

"The alienists for the defense, on the other hand, contended that the boys were diseased mentally.

"The trial became a contest in psychology, and for days the air was thick with terms—'split personalities', 'phantasies', 'subconscious influence', 'basal metabolism'—which the alienists of the two sides hurled back and forth before the judge." The testimony of these two conflicting groups contains, therefore, the essentials.

As a result of the study of all this material several facts stand out which invite criticism as well as comment.

In the first place the alienists on the two sides represented two different schools of psychiatry—the older formal, orthodox school and a new school of what may be called dynamic psychology. Those of the group called by the state, with possibly one exception, were of the former school, the group called by the defense, of the latter. The

* For a discussion of this editorial see *Some Implications of the Leopold-Loeb Hearing in Mitigation*, by S. Sheldon Glueck, pp. 449-68 of this number of Mental Hygiene.

examinations of the criminals by the state's experts were limited to the traditional inquiries into the mental processes, such as "orientation in time and space", "memory", "stream of thought", "judgment", "attention", responsiveness of answers, "reasoning", knowledge of right and wrong, conduct, superficial motives, etc. Although they had read the so-called Hulbert-Bowman report of the second group of alienists, they, nevertheless, naturally concluded that Loeb and Leopold were mentally normal.

The second group entered intensively into the inner mental life of the criminals, into a genetic study of their mental processes, thus taking into consideration and laying emphasis upon an entirely different and additional class of alleged facts. They accordingly arrived at an absolutely opposite conclusion—that Loeb and Leopold were mentally abnormal. Neither group testified that they were "legally insane", whatever may have been thought by any of them individually.

The two groups did not and were not allowed to make joint examinations, or to be present during the examination by each, or to consult together, discuss and weigh the facts elicited by all the examinations and the possible different interpretations of them—the procedure followed in private and hospital practice.

A conflict of opinion was inevitable.

A study of the testimony forces one to the conclusion that, on the one side, the methods of the experts for the state, while adapted and sufficient to determine whether or not the criminals were "legally insane" according to the law of Illinois—that is, legally responsible for their acts—were entirely inadequate to determine whether in other respects they were mentally abnormal. For this purpose a genetic study of the inner life of Loeb and Leopold such as the experts for the defense undertook was essential. The state's experts represented an antiquated psychiatry and psychology.

On the other side, the group for the defense, in their reasoning, interpretations, and conclusions, as it seems to us, was hampered by a too rigid acceptation and adherence to certain debatable doctrines and theories of a particular school of modern psychiatry and dynamic psychology. Facts, interpretations, and theories were confused, so that what clear thinking can only regard as theory was constantly stated as fact. The terms "abnormal" and "pathological" are sprinkled all through the reports in describing the findings of fact, when the question of abnormality was the very question at issue, thus begging the issue. The attitude of some of the experts, as disclosed by the reports, was obviously colored by the acceptance of doctrines as yet *sub judice* and debatable. It does not seem to have occurred

to them that there were other and equally tenable psychological interpretations of the facts. We do not wish to be understood as pretending to pass an opinion upon the issue whether or not Loeb and Leopold were in fact mentally abnormal. We are only considering the testimony as given. It is a pity that experts do not distinguish more rigidly between fact and theory.

We cannot help believing that if the two groups had been allowed to get together both for examination and consultation, each group would have had a modifying and educational influence upon the other, there would have been an agreement upon facts and mutual recognition of the different possible theories, leaving only the weight to be given to each as divergence of opinion.

The trial became the old, old story of experts lined up on opposing sides giving diverse and contradictory opinions as to the mental condition of the defendants and bringing themselves into undeserved discredit as usual with the public. It is a wonder if the judge was able to form any opinion whatsoever from the testimony of the experts regarding the question at issue—whether Loeb and Leopold are mentally abnormal. The fault was not with the experts, but with the system under which experts are obliged to arrive at conclusions and testify. So long as this system is in vogue in our courts it will be vain to expect anything better. The medical profession has for years endeavored to bring about a change in the system, but has, apparently, given up the job as hopeless. The Institute of Criminal Law and Criminology, composed of judges, lawyers, criminologists, and physicians, after years of careful study of the problem of expert testimony, also has made recommendations for reform, but with equally futile results.

All who have made a study of the present system—judges, lawyers, medical men, criminologists, and others—are agreed that one of the main defects of the system is that the experts, being engaged by one side or the other of the case, are responsible only to the counsel on their own side; and that by the conditions under which they are employed, make their examinations, arrive at opinions, and testify (without consultation with the experts on the other side), they tend to become protagonists of the side by which they are employed. Although the constitutional right of every individual to employ his own experts cannot be denied him, an additional board of experts might be, and in the opinion of those who urge reform should be (as in Germany) appointed by the court, paid by the court, responsible to the court, and make a written report of their findings to the court (subject, of course, to cross-examination on the stand).

Another grave defect is the mode under which the accused in

criminal cases, and the plaintiff for damages in civil cases, is examined. The experts of each side respectively, as with Loeb and Leopold, make their examinations independently. They thus are bound to elicit a different set of facts and arrive at different opinions. They are not allowed to disclose to the other side the facts they have found, they are not allowed to consult with the experts of the other side, to discuss with them the facts and their various possible interpretations. There are various other defects which we cannot go into here.

Is it any wonder such conflicting opinions are given on the stand?

The fault lies at the door of the legal profession which has been as obdurate to any reform as are the Irreconcilables of the United States Senate to the League of Nations. For lawyers have shown themselves unwilling to give up any possible advantage they possess under the present system.

In the Loeb-Leopold case, it ought to be more widely known that the experts on both sides were eager and requested to be allowed to have joint examinations and to confer together over the facts found and make a joint report. It ought, also, to be known that it was not the counsel for the defense, but the state's attorney, who refused the request of the experts of both sides. It is, therefore, with the state that the discredit lies. The state's attorney, plainly, did not want to take the chance of having the opinions of his experts shaken by any new facts that might be brought out in joint examination and conference (though it might have resulted the other way round), and thus upset his theory of the case. While the state's experts did not, as we have said, think it necessary to examine into the inner mental life, at all, of Loeb and Leopold, the experts for the defense based their opinions to a serious extent upon certain psychological doctrines which another modern school of psychology would feel called upon to traverse. We cannot go into these controversial questions at this time. We must be content with remarking that it is a pity that debatable theories should be introduced into testimony as if established and accepted facts, and not as theories.

For instance, it was alleged that these two criminals, though intellectually normal, were emotionally abnormal—that is to say, there was a paucity of emotional reactions—and that, while measuring up by intelligence tests to their full chronological age, they were emotionally undeveloped and did not measure beyond boyhood. One expert on the stand allowed himself to say that emotionally one of them had not developed beyond five or six years of age. This means that a child, or youth, normally exhibits a paucity of normal emotional reactions. This will surprise mothers and fathers, who are generally confronted with the problem of teaching their children

control of their emotions and not of developing them. Even Watson, of the Behaviorist School, in his genetic studies, gives full weight to emotions in infancy.

But aside from this it may be insisted that the grounds on which this denial of the normal emotional life to Loeb and Leopold was based shows, according to the views of this school, a confusion of emotional reactions with sentiments. The grounds were that they showed no pity, remorse, shame, or other evidence of emotional appreciation of their crime and the situations with which they were confronted. It was not denied that they manifested at times the reactions of anger, fear, curiosity, joy, etc., though not, as alleged, adequately.

Here it is obvious that psychological theory is involved; for one school of psychology would maintain that what was lacking in Loeb and Leopold was not emotions, *per se*, but sentiments—the particular sentiments that in the vast majority of people have been cultivated and organized. A child, from lack of experience, is without many such sentiments. Loeb and Leopold explained that they had systematically, over a long course of years, repressed and got rid of all such sentiments.

The principle of sentiments—the organization of emotions with objects and ideas by experience—is theory, but so is the view of the emotional life presented as fact by the experts for the defense without reference to conflicting theories.

This theory of the sentiments would equally well explain the absence of remorse, pity, etc., in these men and their resemblance in this respect to childhood. Children have strong emotional reactions, but sentiments being acquired by experience, at an early age relatively few sentiments have been organized. It does not follow from this, however, that an adult who lacks the ethical and humanitarian sentiments common to the great majority of members of society has "regressed", or has not developed emotionally beyond the age of childhood. Sentiments become easily modified, lost, or changed to their opposites (*e.g.*, love to hatred) by experience, including therein culture, philosophy, and various forms of rationalizing. Witness the pitiless and cruel Bolsheviki, the attitude of the ancient Greek sociology towards women and infants, to say nothing of individuals in modern society. Even phobias, which in principle are sentiments, are easily dissipated. The theory is equally plausible that Loeb and Leopold had simply modified their early sentiments and substituted others in their place as a result of half-baked philosophizing and intentional suppression. And this they distinctly state they had systematically done.

At any rate, one theory is as good as another. The reports of the trial and private information do not indicate that these and other opposing theories were laid judicially before the court, or even that the alleged fact of emotional undevelopment was only theory, or even opinion.

Other alleged facts, but involving debatable and interesting psychological theory, were the part which the phantasies played in determining conduct, the theory of split personalities (based upon the alleged lack of development of the emotions), the criteria of what are normal and abnormal ideas, sentiments, etc. But these and other contentions we cannot go into.

We are forced to the conclusion that the opinion of the state's experts is negligible in that they neglected to examine adequately into the inner life of the two criminals and therefore only half examined the case; and that the experts for the defense did not prove their case—requiring the Scotch verdict of "not proven". This seems to be the implication of the decision of Judge Caverly, who plainly and quite rightly, we think, was not impressed by the testimony.

The impression left upon us, after a careful study of the reports, is that of there having been read into the evidence as facts what really are only psychiatric doctrines taught by the newer and more advanced school of psychiatry.

We will simply note, in passing, that if the ideas of right and wrong, and the absence of the conventional sentiments with their emotions, and the conception of the superman held by these two callous and callow youths are abnormal, as termed in the reports, then we must likewise hold that the old Greek philosophers, the Sophists, as interpreted by Plato, were also abnormal, and likewise, in these modern days, the disciples of Nietzsche, for in these respects the ideas, sentiments, etc., of these philosophers were precisely identical with those of Loeb and Leopold.

As we have already pointed out, we believe that the responsibility for the contradictory opinions given by the two groups of experts may be laid to the present indefensible method of judicial procedure rather than to the distinguished psychiatrists.

We do not wish to be understood to presume to express any opinion as to whether the culprits are mentally normal or abnormal. Our comments and criticisms relate only to the psychological and psychiatric principles involved in the expert testimony. We might venture to say, however, if we were forced to express an opinion based solely on the testimony we have read, that probably Loeb and possibly Leopold were theoretically abnormal, though fully respon-

sible for their crime, and we can see no mitigating psychological circumstances.

Fellowships in Neuropsychiatry

The most notable plan for promoting graduate study in mental hygiene that has yet been instituted in this country is to be put into effect by the Commonwealth Fund of New York City in collaboration with the Graduate School of Medicine of the University of Pennsylvania. The plan, which was formulated in recognition of the growing demand for trained leaders in the field of mental hygiene, is as follows:

I. The Commonwealth Fund, because of its desire to make available medical men duly trained in neuropsychiatry with special reference to child-guidance problems, undertakes to provide a group of fellowships in neuropsychiatry in the Graduate School of Medicine, University of Pennsylvania.

II. The foregoing is in harmony with the activities of the Graduate School of Medicine, University of Pennsylvania.

III. A physician in order to be eligible as a fellow in the premises must have the following minimal qualifications:

a. Age from twenty-five years to thirty-five years inclusive;
b. Graduate of a Class A medical school;
c. One year's approved interneship;
d. Satisfactory references;
e. Approval of personal and professional status.

IV. Each fellowship to be upon the basis of three years' (thirty-six months') work—one year fundamental, one year practical, one year investigative.

V. 1. Begin in mid-October and continue until mid-June with:

a. Laboratory studies of comparative anatomy, human embryology, neuro-anatomy, neuro-physiology, neuropathology and autopsies—two-thirds of scheduled time for period;
b. French or/and German and psychology (psychometric, vocational)—one-sixth of scheduled time for period;
c. Selected neurologic and psychiatric and child-guidance clinics, instruction in the latter to include method and theory of social case-work—one-sixth of scheduled time for period;
d. Unscheduled work in pertinent medical literature, meetings of neurologic and psychiatric societies and study—two hundred to four hundred unscheduled hours for period.

2. Continue until mid-October as resident in psychiatric hospital—full time for period.

3. Continue until mid-June with:

a. Laboratory studies of biochemistry, serology, and neuropathology with special reference to psychiatric problems—three-eighths of scheduled time for period;
b. Handling of patients in psychiatric, child-guidance, and neurologic clinics and wards—three-eighths of scheduled time for period;

c. Preparation of a text or monograph upon an assigned pertinent subject and/or original paper for publication—one-quarter of scheduled time for period;

d. Duplicate of 1-d.

4. Duplicate of 2.

5. Continue until mid-June with:

a. Research and preparation of publication thereon in field of child guidance from the standpoint of the specially trained psychiatrist—one-half to three-quarters of scheduled time for period;

b. Child-guidance-clinic work—one-quarter to one-half of scheduled time for period;

c. Triplicate of 1-d.

6. Triplicate of 2.

VI. For the establishment of these fellowships the Commonwealth Fund will appropriate to the Graduate School of Medicine, University of Pennsylvania, the sum of $12,000 a year for three years, the division of this sum into fellowships to be made as herein indicated (Par. 9).

Funds for the fellowship stipends will be furnished, at appropriate dates, to the treasurer of the University of Pennsylvania, who will in turn make payment, on a monthly basis, to the fellow.

The fact that during three four-months periods the fellow is to be in psychiatric-hospital residenceship constitutes a total virtual addition of (an estimated) $600 to his stipend, since maintenance for this total period is provided by the hospital.

VII. The herein fellows shall be candidates for the degree of doctor of medical science, Sc.D.(Med.), for graduate work in neuropsychiatry, said degree conferrable in mid-February following the completion of the thirty-six months' candidacy as above; but the candidate is not expected to remain in university attendence in the period from mid-October to mid-February. During the candidacy the fellow must comply with customary academic regulations. The most important of these is that if the work of the fellow is unsatisfactory, the fellowship, etc., must terminate. Appraisals of work will usually occur at the termini of the six periods mentioned under caption 5. For example, the candidate would be unsatisfactory if the monograph (V, 3, c) presented by him showed him to be unfitted properly to consult medical literature and make a creditable critical review thereof.

VIII. A physician who can present the minimal qualifications (see III), and who can in addition present qualifications paralleling certain of those intended for him to acquire during his candidacy, will be given appropriate time and subject credits, but the maximum time credit would be twenty-four months and no subject credit could exclude the research requirement.

IX. The fellowships shall be administered by a joint committee composed of the following persons: Dr. G. H. Meeker, Dean, Graduate School of Medicine, University of Pennsylvania; Dr. T. H. Weisenburg and Dr. Edward A. Strecker, of the Graduate School of Medicine; Miss Mildred C. Scoville, The Commonwealth Fund; Dr. Frankwood E. Williams, Medical Director, The National Committee for Mental Hygiene;

Dr. Ralph P. Truitt, Director, Division on Prevention of Delinquency, The National Committee for Mental Hygiene.

The function of the fellowship committee shall be as follows:

1. The selection of fellows;
2. Determination of the amounts of fellowship awards;
3. Specification of time assigned to subjects within the group-time allotments;
4. Termination of fellowship awards for any reason other than dismissal by the dean of the Graduate School of Medicine, which action shall in itself terminate a fellowship award.
5. To rule as necessary upon points within this plan;
6. To make such changes in the plan as may be found to be desirable.

The Graduate School of Medicine of the University of Pennsylvania in which the fellowships have been established holds a prominent place among the graduate medical schools of the country. For the training of the fellows it will have at its disposal, not only its own facilities, but those of the university proper as well. Moreover, affiliated special hospitals and clinics will be available as training centers. The instruction and training in psychology, social work, and clinical child-guidance work will be given by members of the staff of the All-Philadelphia Child Guidance Clinic, one of the demonstration clinics financed by the Commonwealth Fund and conducted by the Division on the Prevention of Delinquency of The National Committee for Mental Hygiene.

The opportunities offered by the present plan become evident when one considers that the best available training in neuropsychiatry has hitherto been confined to work in the office of a private physician or to service in hospital wards, involving about the same amount of time as the course outlined above, but lacking many features essential to a well-rounded professional equipment for work in extra-mural psychiatry.

Communications with regard to the fellowships should be addressed to the Dean of the Graduate School of Medicine, University of Pennsylvania, Philadelphia.

Report of the New York State Hospital Commission

The annual statistical review of the New York State Hospital Commission for the year ending June 30, 1923, gives the number of insane patients on the books of the state hospitals and licensed private institutions as 43,941—41,302 in civil state hospitals, 1,507 in hospitals for the criminal insane, and 1,132 in private institutions. These figures represent an increase over 1922 of 411 for the civil state hospitals, 32 for the hospitals for the criminal insane, and 259 for the private institutions. The increase would have been much

greater if it had not been for the activities of the medical examiner's office, which brought about the removal of 442 alien and 583 non-resident insane from the state during the year. In the civil state hospitals there were 2,514 more females than males on the books and in the private institutions 10 more; in the hospitals for the criminal insane there were 1,229 more males than females.

The report shows an increase of 122 over the previous year in the number of patients on parole from the civil state hospitals at the end of the year and of 210 in the average daily number on parole. This is in line with the steady increase that has been taking place since 1910 as a result of the extensive development of the parole system through out-patient clinics and the employment of social workers to supervise and assist in the adjustment of patients on parole. In 1911 the number of parole patients on the books at the end of the year was 711 and the average daily number 783; in 1923 the number at the end of the year was 3,300 and the average daily number 3,338.

During the same period there has been an increase also in the number of paying patients in the civil state hospitals. In 1910 those patients constituted 8.1 of the total number of patients; in 1922 and 1923, 12 per cent were paying patients. The total amount collected from them during the year was $1,378,335.32, a gain of $81,498.98 over the amount collected the previous year.

There were 6,900 first admissions to the civil state hospitals during the year, a decrease of 115 as compared with 1922. The psychosis most frequently represented among them was dementia præcox (1,811 cases). Next in order were manic-depressive insanity (977 cases), general paralysis (813 cases), senile psychosis (737 cases), and cerebral arteriosclerosis (605 cases). There were 276 cases of alcoholic psychoses, 50 more than in 1922, continuing the slight upward trend in alcoholic first admissions that has been evident since 1920. In 1917 they constituted 8.6 per cent of the first admissions to civil state hospitals; in 1920 they had dropped to 1.9 per cent. In 1921 they rose to 2.8, in 1922 to 3.2, and in 1923 to 4 per cent. Information with regard to the use of alcohol was secured in 6,402 cases. Of these 3,657 were reported as abstainers, 1,859 as temperate, and 886 as intemperate. There were 22 cases of drug psychoses—.32 per cent of the 6,900 first admissions. A table of the yearly percentages of drug psychoses since 1909 shows a good deal of variation from year to year, but no marked trend either upward or downward. The percentage of alcoholic psychoses was higher among the 185 first admissions to the hospitals for the

criminal insane than in either of the other types of institution—9.7 per cent as compared with the 4 per cent among the 6,900 first admissions to the civil hospitals and 1.5 per cent among the 410 first admissions to the licensed private institutions. The percentage of psychoses with psychopathic personality was also a good deal higher—19.5 per cent as compared with 2.5 per cent for the civil hospitals and 1.2 per cent for the private institutions. On the other hand the percentage of manic-depressive psychoses among the admissions to the hospitals for the criminal insane (3.8) was lower than the percentages among admissions to the civil hospitals and the private institutions (14.1 per cent and 22.1 per cent, respectively).

As in 1922, almost a third (32 per cent) of the first admissions to the civil state hospitals fell in the age group from thirty to forty-four. Eleven per cent were seventy years of age or over as compared with 10.4 per cent in 1922. The most striking change was in the groups under fifteen years, which increased from 18 cases in 1922 to 37 in 1923.

Temperamental make-up was reported as ascertained in 5,834 of the first admissions to civil hospitals. Of these 2,381, or 40.8 per cent, were considered temperamentally normal and 3,453—59.2 per cent—as temperamentally abnormal—that is, seclusive, over-active, depressive, unstable, suspicious, irritable, sexually abnormal, or the like. Over half of the dementia-præcox cases—56.9 per cent—were classified as seclusive. The highest percentage among the manic-depressive cases—39.4 per cent—was in the temperamentally normal class. Intellectual make-up was ascertained in 6,068 cases, of which 5,069, or 83.5 per cent, were considered normal and 999, or 16.5 per cent, subnormal.

As to economic condition, 543, or 7.91 per cent, of the 6,900 first admissions were reported as dependent; 5,587, or 81 per cent, as in marginal circumstances; and 709, or 10.3 per cent, as comfortably situated.

Six thousand, one hundred, and seventeen (6,117) cases, or 88.7 per cent, of the 6,900 were admitted from urban districts; 768 cases—11.1 per cent—from rural districts. For the urban districts, the rate per 100,000 of general population was 67.5 and for the rural districts 44.1.

The percentage of foreign born among the first admissions to the civil hospitals was 44.5 per cent as compared with 45.6 in 1922 and 45.4 in 1921. As to race, 315, or 4.6 per cent, were African; 307, or 4.4 per cent, English; 788, or 11.4 per cent, German;

748, or 10.8 per cent, Hebrew; 1,175, or 17 per cent, Irish; 555, or 8 per cent, Italian; 399, or 5.8 per cent, Slavonic; and 1,773, or 25.7 per cent, of mixed race. In 242 cases, or 3.5 per cent, race was not ascertained.

The distribution of the various psychoses among the several racial groups was practically the same as in previous years. "It seems evident, therefore", the report states, "that we are here dealing with fairly constant phenomena and that racial characteristics and habits are important factors in causing or preventing certain types of mental disease. In other words, some races are affected with certain mental diseases to a great extent than others." The highest percentage of senile psychoses was in the Irish group—16.3 per cent; the Germans ranked next with 13.6 per cent, and the racially mixed third with 11.6 per cent. The African group had the highest percentage of general paralysis—17.1—followed by the Italians with 15.3 per cent, and the racially mixed with 12.5. The highest percentages of alcoholic psychoses were in the Slavonic group (11 per cent), the Irish group (6.8 per cent), and the German group (3.2 per cent); and the highest percentages of manic-depressive psychoses among the Hebrews (21.3 per cent), the Italians (18.4 per cent), and the Africans (14.3 per cent). In every group the percentage of dementia præcox was noticeably higher than that of any other psychosis, especially so in the Slavonic and African groups, of which over a third (38.6 per cent and 34.0 per cent respectively) were dementia-præcox patients.

Exclusive of deaths and transfers, the civil state hospitals discharged during the year 4,347 patients, of whom 42 per cent were discharged as recovered, 24.2 per cent as much improved, 19 per cent as improved, 13.2 per cent as unimproved, and 1.7 per cent as without psychosis. The general prognosis of the various disorders is fairly well indicated by the percentage of recoveries in each group. Very low recovery rates were found among patients with senile psychoses, general paralysis, Huntington's chorea, brain tumor, dementia præcox, and paranoia, while high rates were found among the alcoholic and drug psychoses, the psychoses due to somatic disease, the manic-depressive psychoses, and the psychoneuroses. Many dementia-præcox and paranoic cases, however, were discharged as improved.

During the year covered by the report, 3,955 patients died in the civil state hospitals—2,045 males and 1,910 females. The death rates in the several clinical groups vary widely, high rates being found in the senile, arteriosclerotic, and paretic groups, and low rates in

the dementia-præcox and psychoneurotic group. The average age at time of death was 56.2. It is worthy of note that 36 per cent of the patients who died were over 64 years of age; 26 per cent were 70 years or older. The average age at death is higher every year for the females than for the males. In 1923 it was 54.6 years for the males and 57.9 for the females.

The average time spent in hospitals for the insane by patients who died was 6.1 years—5.4 years for the males and 6.8 for the females. Each year the hospital life of the females who died is longer than that of the males. Great differences also appear between the various clinical groups. Of the patients who died in 1923, the average period of hospital life was 15.4 years for the dementia-præcox cases, 12.6 years for the paranoic cases, 11.8 years for the alcoholic psychoses, and 11.3 for the syphilitic psychoses, while for the cases of cerebral arteriosclerosis it was 1.1 years, for the cases of general paralysis 1.4, and for the senile psychoses 2.3. More than 28 per cent of the deaths in 1923 occurred during the first three months of hospital residence; 11 per cent occurred after a hospital residence of twenty years or more.

Six hundred and eighty-one, or 17.2 per cent, of the 3,955 deaths were caused by general diseases; 1,073, or 27.1 per cent, by diseases of the nervous system; 1,335, or 33.8 per cent, by diseases of the circulatory system; 461, or 11.7 per cent, by diseases of the respiratory system; 123, or 3.1 per cent, by diseases of the digestive system; and 201, or 5.1 per cent, by diseases of the genito-urinary system.

Syphilis Among Negroes

In an address before the National Conference of Social Work last year, Dr. Louis I. Dublin gave some statistics with regard to recent changes in Negro mortality, based upon the nearly two million Negroes insured in the Industrial Department of the Metropolitan Life Insurance Company. Dr. Dublin's figures were in the main encouraging, showing a general improvement in conditions that make for health among the colored population. The dark spot in the picture was the prevalence of syphilitic infection.

"Syphilis and its sequelæ", Dr. Dublin stated, "are not declining, but are indeed becoming more widespread and are causing more and more deaths among the colored people each year. In 1923, the death rate from syphilis, locomotor ataxia, and general paralysis of the insane (the last two of which conditions are syphilitic in origin) was 38.7 per 100,000. This is almost double the rate of 1911 (20.4). It is possible, of course, that some of the increase is the result of franker and better reporting of these diseases by physicians,

but I doubt very much that that is sufficient to explain so marked an increase. The fact remains that the rate for colored persons is close to four times as high as for whites. This unsatisfactory situation, of course, is not limited to the insured, but is found very generally in the colored population. In New York City, there has been an increase of practically 50 per cent from this cause in the interval between 1910 and 1923. The disease is apparently working havoc among the colored people who are congregating in the cities of the country. Possibly the worst effect is on the new generation. The disease takes it greatest toll among the infants in the first month of life and is, in fact, the principal cause of stillbirths that occur so frequently among colored women.

"The disease also accounts for a great many deaths later in life which are ascribed by physicians to heart and arterial diseases, as well as to other conditions, including tuberculosis. The greatest service that could to-day be rendered to the colored people would be to help them check the spread of this condition. The campaign against the venereal diseases has apparently not begun to be felt by the colored communities. A very profitable field for service is waiting to be opened up. Possibly much good may also come when more emphasis is placed on the importance of the annual physical examination among colored people. This should result in disclosing many cases of syphilitic diseases at a stage when they can still be cured. Prenatal work among colored women which insists on a Wassermann test as a condition for the service should prove to be a powerful agency in disclosing syphilis and should lead to the treatment of large numbers of patients. The hope of the future among Negroes lies in their ability to bring the scourge of syphilis under control."

The Alleged Child Addict

Editorial, *The Medical Times*

Despite the insistence of some citizens, New York City officials who ought to know deny that drugs of the narcotic class are sold to school children in the streets and elsewhere. Dr. Carleton Simon, for example, states that there is not a single case on record of any school child being a drug addict. He has never seen a school pupil who was a drug addict. This testimony is confirmed by officials of the Society for the Prevention of Cruelty to Children and by Mary Hamilton, policewoman.

It has been suggested that earnest and persistent allegations of this sort are psychologically similar to war-time atrocity tales and not particularly creditable to those who originate or repeat them or indicative of a high degree of intelligence.

CURRENT BIBLIOGRAPHY *

April–June 1925

Compiled by

Dorothy E. Morrison

The National Committee for Mental Hygiene

Alexander, Franz. Metaphysical description of the process of cure. International journal of psychoanalysis, Jan. 1925, v. 6, p. 13–34.

Armstrong-Jones, Sir Robert, M.D. An address on suggestion in social life. Lancet, April 4, 1925, v. 208, p. 705–10.

Bailey, R. W., M.D. Mental hygiene, its necessity and socio-economic importance. Journal of National medical association, Jan.–Feb. 1925, v. 17, p. 1–5.

Barker, L. F., M.D. Nature, causes and prevention of "nervous breakdowns." Canada lancet and practitioner, April, 1925, v. 64, p. 159–76.

Beemer, M. H., M.D. Preventive measures in psychiatry. Ontario journal of neuro-psychiatry, Dec. 1924, p. 5–8.

Bere, M. Comparative study of the mental capacity of children of foreign parentage. N. Y., Teachers college, 1924.

Bernard, L. L. Research problems in the psychology of rural life. Journal of social forces, March, 1925, v. 3, p. 446–53.

Bingham, A. T., M.D. Application of psychiatry to high school problems. Mental hygiene, Jan. 1925, v. 9, p. 1–27.

Blanton, Smiley, M.D. Cause of stuttering and how to cure it. Northwestern health journal, May 1925, v. 10, p. 14–15, 27.

Bogardus, E. S. Exploring for the causes of crime. Journal of social forces, March 1925, v. 3, p. 464–66.

Bond, E. D., M.D. Development of occupational therapy in private hospitals for mental and nervous diseases. Occupational therapy and rehabilitation. April 1925, v. 4, p. 83–100.

Bott, E. A. Practical points in psychology. Ontario journal of neuro-psychiatry, Dec. 1924, p. 34–38.

Bousfield, Paul. Freud's complex of the overestimation of the male. Psychoanalytic review, April 1925, v. 12, p. 127–50.

Boyle, A. H., M.D. Early nervous and borderline conditions. Medical woman's journal, April 1925, v. 33, p. 106–09.

Bridges, J. W., M.D. A reconciliation of current theories of emotion. Journal of abnormal psychology and social psychology, Jan.-March 1925, v. 19, p. 333–40.

Brodie, Elizabeth. Occupational therapy. Occupational therapy and rehabilitation, Feb. 1925, v. 4, p. 35–36.

Buck, G. B. Discussion of the New York state hospital retirement system. State hospital quarterly, Feb. 1925, v. 10, p. 300–04.

Cameron, H. C., M.D. Difficult children—and a philosopher. British medical journal, March 21, 1925, p. 567–68.

Cornman, O. P. Education of handicapped children. Ungraded, March 1925, v. 10, p. 127–32.

Crounse, Dorothy. Dementia præcox and crime; a study of 83 cases of dementia præcox seen in the Psychopathic clinic, Recorder's court, Detroit. Mental hygiene, Jan. 1925, v. 9, p. 90–104.

Davis, K. B. Study of certain autoerotic practices; based on the replies of 2,255 women to questionnaires (cont.). Mental hygiene, Jan. 1925, v. 9, p. 28–59.

Dawes, S. L., M.D. Immigration and the problem of the alien insane. State hospital quarterly, Feb. 1925, v. 10, p. 190–214.

Day, G. H., M.D. Why mental clinics should be established. Kentucky medical journal, April 1925, v. 23, p. 243–44.

Dewey, John. Experience and nature. Chicago, Open court publishing company, 1925. 443 p.

Diller, Theodore, M.D. The eugenic program—how far is it practical? Medical journal and record, March 18, 1925, v. 121, p. 325–27.

Drever, James. "Conscious" and "unconscious" in psychology. Journal of abnormal psychology and social

* This bibliography is uncritical and does not include articles or books of a technical or clinical nature.

psychology, Jan.–March 1925, v. 19, p. 327–32.

Drysdale, H. H., M.D. Legal insanity. Ohio state medical journal, March 1925, v. 21, p. 173–80.

Easby-Grave, Charlotte. Tests and norms at the six year old performance level. Psychological clinic, Dec. 1924, v. 15, p. 261–300.

Emery, E. V., M.D. Progress of the child guidance clinic. Southern California society for mental hygiene, Mental hygiene bulletin, Feb. 1925, v. 2, p. 1–3.

Farrington, L. M. Comments on state retirement systems. State hospital quarterly, Feb. 1925, v. 10, p. 283–99.

Farrow, E. P. A castration complex. International journal of psychoanalysis, Jan. 1925, v. 6, p. 45–50.

Fisk, S. E. Bibliography for teachers of ungraded classes. Ungraded, March 1925, v. 10, p. 146–50.

Foley, M. O. State hospitals work on large scale. Hospital management, April 1925, v. 19, p. 32–34.

Fraser, J. W., M.D. Mentally defective persons; the value of intelligence tests in the prognosis of their future careers. Public health, April 1925, v. 38, p. 209–17.

German Institute for psychiatric research in Munich. Journal of American medical association, April 25, 1925, v. 84, p. 1286.

Garvin, W. C., M.D. The veterans' memorial hospital at the Kings Park state hospital, Kings Park, N. Y. Mental hygiene, April 1925, v. 9, p. 387–400.

Gesell, A. L., M.D. Early diagnosis of mental deficiency. Medical review of reviews, April 1925, v. 31, 192–94.

Gilbert, J. A., M.D. Battle of opposites. Psychoanalytic review, April 1925, v. 12, p. 191–204.

Glueck, Bernard, M.D. Constructive possibilities of a mental hygiene of childhood. Buffalo mental hygiene conference, Proceedings, 1924, p. 38–52.

Goodenough, F. L. The diagnostic significance of children's wishes. Mental hygiene, April 1925, v. 9, p. 340–45.

Gordon, Alfred, M.D. The "nervous child." Journal of National medical association, Jan.–Feb. 1925, v. 17, p. 7–12.

Gordon, Alfred, M.D. Psychoneuroses in relation to general medicine. Medical journal and record, April 1, 1925, v. 121, p. 419–22. Also in International clinics, 1925, Series 35, v. 31, p. 127–33.

Gosline, H. I., M.D. The Loeb-Leopold case again. (Letter to the Editor). Journal of criminal law and criminology, Feb. 1925, v. 15, p. 501–05.

Haas, L. J. Male occupational therapist. Occupational therapy and rehabilitation, Feb. 1925, v. 4, p. 53–56.

Haas, L. J. Occupational therapy for the mentally and nervously ill. Milwaukee, Bruce publishing company, 1925. 409 p.

Hamell, R. C., M.D. Amnesia and pathological stealing. International clinics, 1925, v. 1, Series 35, p. 114–26.

Hamilton, Gordon. The private agency and the feebleminded. Survey, March 15, 1925, v. 53, p. 763–65.

Hamilton, S. W., M.D. Care of tuberculous patients at Jackson, Louisiana. Hospital management, April 1925, v. 19, p. 40.

Hamilton, S. W., M.D. Common errors in planning mental hospitals. Modern hospital, May 1925, v. 24, p. 420–25.

Hamilton, S. W., M.D. Hyde building, State hospital, No. 1, Fulton, Missouri. Modern hospital, April 1925, v. 24, p. 313–16.

Hamilton, S. W., M.D. Wilbur Graff cottage is attractive. Hospital management, March 1925, v. 19, p. 55–56.

Hamilton, Stewart, M.D. Harper hospital mental hygiene clinic. Modern hospital, March 1925, v. 24, p. 263.

Hawkesworth, T. A., M.D. Psychotherapy; practical means of healing. Practitioner, March 1925, v. 114, p. 214.

Heaton, K. L. Physical development of children of high and low mental ability groups. American physical education review, March 1925, v. 30. p. 127–30.

Henderson, D. K., M.D. Occupational therapy. Occupational therapy and rehabilitation, Feb. 1925, v. 4, p. 7–16.

Hewes, Amy. Study of delinquent girls at Sleighton Farm. Journal of criminal law and criminology, Feb. 1925, v. 15, p. 598–619.

Hill, A. H. Work of the special school (London) for mentally defective children. Engenics review, April 1925, v. 17, p. 23–27.

Hinkle, B. M. Psychological tendencies of the pre-school child and its relation to the new world order. Progressive education, April-May-June 1925, v. 2, p. 63–67.

Hollingshead, F. M., M.D. Relationship of the social workers to mental

hygiene. Buffalo mental hygiene conference, Proceedings, 1924, p. 34–37.

Humphrey, George. Is the conditioned reflex the unit of habit? Journal of abnormal and social psychology, April 1925, v. 20, p. 10–16.

Hutchinson, A. M., M.D. The child and his problem. London, Williams, 1925.

Hutchinson, A. M., M.D. Fear in children. New era, April 1925, v. 6, p. 54–57.

Jackson, J. A., M.D. and C. L. Johnston, M.D. Physical diagnostic clinics of mental hospitals. Danville (Pa.) State hospital, Mental health bulletin, April 15, 1925, v. 3, no. 1.

Jarrett, M. C. Social case-work in relation to the mental health of immigrants. Mental hygiene, April 1925, v. 9, p. 346–59.

Jelliffe, S. E., M.D. Old age factor in psychoanalytic therapy. Archives of neurology and psychiatry, April 1925, v. 13, p. 531–36. Also in Journal of nervous and mental disease, March 1925, v. 61, p. 274–79.

Jillson, W. A., M.D. Of what does modern care and treatment for the insane consist? Kentucky medical journal, April 1925, v. 23, p. 234–37.

Johnson, B. J. Mental growth of children in relation to rate of growth in bodily development. N. Y., Dutton, 1925. 160 p.

Johnstone, E. R. Recreation at Vineland. Training school bulletin, March 1925, v. 22, p. 1–7.

Jones, A. M. An analytical study of one hundred twenty superior children. Psychological clinic, Jan.–Feb. 1925, v. 16, p. 19–76.

Kanner, Leo, M.D. Psychiatric study of Ibsen's Peer Gynt. Journal of abnormal psychology and social psychology, Jan.–Mar. 1925, v. 19, p. 373–82.

Karpf, M. J. Relation between sociology and social work. Journal of social forces, March 1925, v. 3, p. 419–27.

Karpman, Ben, M.D. The sexual offender, II. Psychoanalytic review, April 1925, v. 12, p. 151–79.

Kerns, H. N., M.D. Management of acute mental-hygiene problems found among college men. Mental hygiene, April 1925, v. 9, p. 273–81.

Knopf, S. A., M.D. Psychology, psychopathology and psychotherapy in tuberculosis in civil and military life. Military surgeon, March 1925, v. 56, p. 308–31.

Kolb, Lawrence, M.D. Controlling drug addiction. Hygeia, April 1925, v. 3, p. 201–02.

Kolb, Lawrence, M.D. Drug addiction in its relation to crime. Mental hygiene, Jan. 1925, v. 9, p. 74–89.

Kolb, Lawrence, M.D. Types and characteristics of drug addicts. Mental hygiene, April, 1925, v. 9, p. 300–13.

Kuhlman, H. J. C., M.D. Provision needed for psychopathic children. Buffalo mental hygiene conference, Proceedings, 1924, p. 29–33.

Laird, Donald. How psychological tests are used in employing. Nation's health, April 1925, v. 7, p. 235–38, 298.

Le Marquand, H. S., M.D. Diagnosis of incipient insanity in young adults. Lancet, March 7, 1925, v. 208, p. 486–88.

Levy-Valenci. Psychopathic ward in the "Hotel-Dieu." Bulletin de la Société médecine des hôpitaux, Jan. 16, 1925, v. 49, p. 58.

Lucas, W. P., M.D. Good habits are necessary for a child to succeed in school life. Parent-teacher, March 1925, p. 14–16, 36–37.

Lund, F. H. Psychology of belief; a study of its emotional and volitional determinants. Journal of abnormal and social psychology, April 1925, v. 20, p. 63–81 (to be cont.).

McAlister, W. J. Some phases of the work for the feebleminded in Alberta. Social welfare, March 1925, v. 7, p. 109–11.

McClellan, H. H., M.D. State hospital has consulting staff. Hospital management, April 1925, v. 19, p. 39, 49.

McCormack, T. J. Educational method and the function of mental hygiene. School and society, Jan. 3, 1925, v. 21, p. 9–15.

McDougall, William. A great advance of the Freudian psychology. Journal of abnormal and social psychology, April 1925, v. 20, p. 43–47.

MacMurchie, Helen, M.D. Mental prospecting. Buffalo mental hygiene conference, Proceedings, 1924, p. 15–17.

Maher, E. A. Suggestions for measuring physical development at school entrance. Ungraded, May 1925, v. 10, p. 175–82.

Marsh, S. E. and F. A. C. Perrin. An experimental study of the rating scale technique. Journal of abnormal psychology and social psychology, Jan.–Mar. 1925, v. 19, p. 383–99.

Matzinger, H. G., M.D. Mental hygiene in the prevention of disease.

Buffalo mental hygiene conference, Proceedings, 1924, p. 24–26.

Miller, E. M. Concept of mental deficiency. Medical journal, Australia, Feb. 7, 1925, v. 1, p. 133.

Miller, E. M. Mental hygiene and the teacher. Ungraded, May 1925, v. 10, p. 183–87.

Mitchell, C. D., M.D. Modern treatment of the insane. New Orleans medical and surgical journal, March 1925, v. 77, p. 374–77.

Myers, C. S., M.D. Industrial fatigue. Lancet, May 2, 1925, v. 208, p. 905–08.

Myerson, Abraham, M.D. Inheritance of mental diseases. Balt., Williams, 1925. 336 p.

Myerson, Abraham, M.D. When life loses its zest. Bost., Little, 1925. 218 p.

Myrick, H. L. Personality and family social work; a case study. The Family, May 1925, v. 6, p. 63–71.

Noble, R. T., M.D. Relation of the general practitioner to the Ontario hospitals. Ontario journal of neuro-psychiatry, Dec. 1924, p. 27–33.

Oberndorf, C. P., M.D. Psychiatric clinic and the general hospital. Medical journal and record, April 1, 1925, v. 121, p. 424–27.

Ostrander, J. M. One hundred and fifty policemen; some observations upon 150 probationary policemen of the Detroit Police department. Mental hygiene, Jan. 1925, v. 9, p. 60–73.

Parsons, F. W., M.D. Community provisions for mental illness. New York state journal of medicine, April 3, 1925, v. 25, p. 570–71.

Parsons, F. W., M.D. Personalities and behavior. Buffalo mental hygiene conference, Proceedings, 1924, p. 27–28.

Paterson, D. G. Student personnel service at the University of Minnesota. Journal of personnel research, April 1925, v. 3, p. 449–53.

Paton, Stewart, M.D. Mental hygiene in the University. Buffalo mental hygiene conference, Proceedings, 1924, p. 9–14.

Peck, M. W., M.D. Mental examinations of college men. Mental hygiene, April 1925, v. 9, p. 282–99.

Pennington, L. E., M.D. O. T. known for nearly 2,000 years. Hospital management, April 1925, v. 19, p. 37–38.

Perkins, Dorothy. Alexandra school. Social welfare, March 1925, v. 7, p. 111–13.

Prince, Morton, M.D. Automatic writing combined with "crystal gazing." Journal of abnormal and social psychology, April 1925, v. 20, p. 34–42.

Pruette, Lorine. Child guidance. American review, March-April 1925, v. 3, p. 210–15.

Psychological survey of population at the Colony for feeble-minded males at New Lisbon. Training school bulletin, Feb. 1925, v. 21, p. 145–53.

Rado, Sandor. Economic principle in psychoanalytic technique. International journal of psychoanalysis, Jan. 1925, v. 6, p. 35–44.

Randall, H. E. Sterilization in feebleminded. Michigan state medical society journal, Feb. 1925, v. 24, p. 77.

Raynier, J. and H. Baudouin. What can the physician do for the interned insane? Médecine, Feb. 1925, v. 6, p. 396.

Read, C. F., M.D. Essentials in the construction of a good state hospital. Modern hospital, March 1925, v. 24, p. 242–45, 255.

Read, C. F., M.D. Outlines of a good state hospital. Modern hospital, April, May 1925, v. 24, p. 329–31, 428–30.

Richmond, Winifred, M.D. Personality in relation to delinquency. U. S. Public health service, Social pathology, v. 1, no. 6, p. 259–60.

Richards, E. L., M.D. Dispensary contacts with delinquent trends in children: Group II—Twenty-nine cases of abnormal sex trends. Mental hygiene, April 1925, v. 9, p. 314–39.

Robertson, Dorothea. Occupational therapy. Occupational therapy and rehabilitation, Feb. 1925, v. 4, p. 27–33.

Ruggles, A. H., M.D. College mental-hygiene problems. Mental hygiene, April 1925, v. 9, p. 261–72.

Ruggles, A. H., M.D. Why mental hygiene in colleges? Survey, March 15, 1925, v. 53, p. 753–55.

Sachs, Hanns. Metapsychological points of view in technique and theory. International journal of psychoanalysis, Jan. 1925, v. 6, p. 5–12.

Sandy, W. C., M.D. Fire protection in mental hospitals. Hospital management, April 1925, v. 19, p. 41.

Sandy, W. C., M.D. Mental hygiene and education. Pennsylvania school journal, April 1925, v. 73, p. 480–82.

Sandy, W. C., M.D. Pennsylvania's institutions for mental patients. Danville (Pa.) State hospital, Mental health bulletin, April 15, 1925, v. 3, no. 1.

Sayles, M. B. The problem child in the schools; narratives from case rec-

ords of visiting teachers. N. Y., Joint committee on methods of preventing delinquency, 1925. 284 p.

Saywell, Evelyn. Sidelights from the new psychology; a handbook for nurses. Lond., Scientific press, 1924. 99 p.

Shealey, M. J., M.D. What our Social service department is doing (Central State hospital, Louisville, Ky.) Kentucky medical journal, April 1925, v. 23, p. 237–39.

Sherman, I. C. Suggestibility of normal and mentally defective children. Balt., Williams, 1924. 34 p.

Siewers, A. B., M.D. Psychiatry in relation to the public schools. New York state journal of medicine, March 20, 1925, v. 25, p. 480–83.

Smith, T. W., M.D. An introduction to the mind in health and disease. N. Y., Wood, 1925. 235 p.

Spainhower, G. B. Teaching occupational therapy to student nurses. American journal of nursing, May 1925, v. 25, p. 376–81.

Steeves, H. C., M.D. British Columbia provisions for mental patients. Hospital management, April 1925, v. 19, p. 35–36.

Stobbs, A. H. Nursing care of two mental patients. American journal of nursing, March 1925, v. 25, p. 167–71.

Taylor, E. W., M.D. Mental hygiene in every-day life. Buffalo mental hygiene conference, Proceedings, 1924, p. 18–23.

Taylor, G. R. Problem children. The Child, April 1925, v. 15, p. 218–20.

Thom, D. A., M.D. Child management. Wash., Government printing office, 1925. 24 p. (U. S. Children's bureau, Publication 143).

Thom, D. A., M.D. Fifteen questions for mothers. Hygeia, May 1925, v. 3, p. 265.

Thom, D. A., M.D. Importance of the pre-school period. In Cambridge health education conference, Report, 1925, p. 29–34.

Thomson, A. G. W., M.D. Occupational therapy. Occupational therapy and rehabilitation, Feb. 1925, v. 4, p. 17–26.

Thurstone, L. L. Nature of intelligence. N. Y., Harcourt, 1924. 167 p.

Thurstone, L. L. Vocational guidance for college students; reports of two conferences at the National research council, Washington, D. C. Journal of personnel research, April 1925, v. 3, p. 421–48.

Timme, Walter, M.D. Endocrinology in periodic health examinations. New York State journal of medicine, April 10, 1925, v. 25, p. 629–30.

Trigg, L. B. Dementia præcox and its antisocial symptoms requiring institutional care. Kentucky medical journal, April 1925, v. 23, p. 240–43.

Vanuxem, Mary. Some values of institutional training shown by re-examinations. Ungraded, April 1925, v. 10, p. 151–58.

Veeder, B. S., M.D. Emotional conflict in the child and its functional and symptomatic results. Southern medical journal, April 1925, v. 18, p. 254–57.

Wannamaker, Claudia. Social treatment from the standpoint of a client. The Family, April 1925, v. 6, p. 31–36.

Wells, F. L. Report on a questionnaire study of personality traits with a college graduate group. Mental hygiene, Jan. 1925, v. 9, p. 113–27.

Wertheimer, F. I., M.D. and R. S. Lyman, M.D. Clinical demonstrations of mental disorders from the point of view of psychopathology and internal medicine. Mental Hygiene, April 1925, v. 9, p. 360–86.

What is mental hygiene? Massachusetts society for mental hygiene bulletin, April 1925 (to be cont.).

White, W. A., M.D. Human engineering. Buffalo mental hygiene conference, Proceedings, 1924, p. 1–8.

White, W. A., M.D. Report on talk on mental hygiene given before the Probation department of the Juvenile court, District of Columbia. U. S. Public health service, Social pathology, v. 1, no. 6, p. 256–58.

White, W. A., M.D. Significance of psychopathology for general somatic pathology. Journal of nervous and mental disease, March 1925, v. 61, p. 246–69.

Wile, I. S., M.D. "Good" education and "bad" children. Mental hygiene, Jan. 1925, v. 9, p. 105–12.

Williams, F. E., M.D. Mental hygiene and childhood (Radio talk). Massachusetts department of public health, Commonhealth, Jan.-Feb. Mar. 1925, v. 12, p. 2–4.

Williams, F. E., M. D. Mental hygiene and the college student: second paper. Mental hygiene, April 1925, v. 9, p. 225–60.

Williams, F. E., M.D. Should nurses do intelligence testing? Public health nurse, April 1925, v. 17, p. 191–92.

Ziegler, L. H., M.D. A group of psychoneurotic ex-service men. Mental hygiene, Jan. 1925, v. 9, p. 128–56.